DOCUMENT RESUME

ED 273 819 CE 045 037

AUTHOR	Harvey, Dexter; Cap, Orest
TITLE	Resource Material. Handbook of Selected Case Studies.
INSTITUTION	Manitoba Univ., Winnipeg. Faculty of Education.
SPONS AGENCY	Department of National Health and Welfare, Ottawa (Ontario).
PUB DATE	86
GRANT	6553-2-45
NOTE	271p.; For related documents, see CE 045 027-036.
AVAILABLE FROM	Faculty of Education, University of Manitoba, Winnipeg, Manitoba, Canada R3T 2N2.
PUB TYPE	Guides - Classroom Use - Guides (For Teachers) (052)
EDRS PRICE	MF01/PC11 Plus Postage.
DESCRIPTORS	Adjustment (to Environment); Adult Education; Adult Programs; *Aging (Individuals); Behavior Problems; Case Studies; *Death; Gerontology; *Human Services; Instructional Materials; *Older Adults; *Physical Disabilities; *Service Occupations; Social Services; Staff Development

ABSTRACT

This handbook is designed to assist instructors in training human service workers who come into contact with older adults. The 250 case studies are actual cases collected by research staff in the field. Suggestions are offered for a variety of methods the instructors may use in presenting the cases. Recommendations are made for forming working groups. Questions are also suggested to stimulate discussion of the cases or to bring it back to a more productive direction of inquiry. The questions are rather general in nature and may be applied to most of the case studies whatever method is used for their presentation. The cases are organized into four groupings with similar principles involved in each group. Groupings are adjustment to physical disability, adjustment to living environment, death and dying, and inappropriate social/sexual behavior. A grouping of miscellaneous cases is also included. (YLB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED273819

RESOURCE MATERIAL

Handbook of Selected Case Studies

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
D Harvey
OCap
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CE045037

ELDERLY SERVICE WORKERS' TRAINING PROJECT

PROJECT PERSONNEL

DR. DEXTER HARVEY: PROJECT CO-DIRECTOR, PROFESSOR,
FACULTY OF EDUCATION, U OF M.

DR. OREST CAP: PROJECT CO-DIRECTOR, ASSOC. PROFESSOR,
FACULTY OF EDUCATION, U OF M.

MR. IHOR CAP, TECHNICAL COORDINATOR

ADVISORY COMMITTEE

MS. DOROTHY CHRISTOPHERSON, CENTRE HOSPITALIER TACHE NURSING CENTRE, STAFF DEVELOPMENT COORDINATOR

MR. HELMUT EPP, ADMINISTRATOR, BETHANIA MENNONITE PERSONAL CARE HOME INC.

MS. DOROTHY HARDY, PERSONNEL SERVICES DIRECTOR, AGE AND OPPORTUNITY CENTRE, INC.

MS. MARY HOLLAND, MEMBER AT LARGE

MR. JACK N. KISIL, ADMINISTRATOR, HOLY FAMILY NURSING HOME

MS. HEIDI KOOP, MEMBER AT LARGE

MS. GRACE LAZAR, DIRECTOR OF NURSING, THE MIDDLECHURCH HOME OF WINNIPEG

MR. R.L. STEWART, EXECUTIVE DIRECTOR, AGE AND OPPORTUNITY CENTRE INC.

MS. FLORA ZAHARIA, DIRECTOR, DEPARTMENT OF EDUCATION, NATIVE EDUCATION BRANCH

FACULTY OF EDUCATION
UNIVERSITY OF MANITOBA
1986

FUNDING INFORMATION

PROJECT TITLE: ELDERLY SERVICE WORKERS' TRAINING PROJECT

PROJECT GRANT NUMBER: 6553-2-45

SOURCE OF CONTRACT: HEALTH AND WELFARE CANADA

CONTRACTOR: UNIVERSITY OF MANITOBA, FACULTY OF EDUCATION

DISCLAIMER: "THE VIEWS EXPRESSED HEREIN ARE SOLELY THOSE OF THE AUTHORS AND DO NOT NECESSARILY REPRESENT THE OFFICIAL POLICY OF THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE."

HANDBOOK OF SELECTED CASE STUDIES

The Elderly Service Workers' Training Project wishes to express appreciation to the following individuals who have contributed to the development of the "Handbook of Selected Case Studies".

Mr. Gordon D. Breckman, Content Contributor

TABLE OF CONTENTS

INTRODUCTION ____ P.I

DIVERSIFICATION OF METHODOLOGIES ____ P.III

  FORMING WORKING GROUPS ____ P.IV

  INSTRUCTOR'S INTERVENTIONS ____ P.VI

SUGGESTED QUESTIONS ____ P.VII

ADJUSTMENT TO PHYSICAL DISABILITY ____ P.1

ADJUSTMENT TO LIVING ENVIRONMENT ____ P.87

DEATH AND DYING ____ P.145

INAPPROPRIATE SOCIAL/SEXUAL BEHAVIOUR ____ P.171

MISCELLANEOUS ____ P.209

INTRODUCTION

IN CANADA, AS IN OTHER DEVELOPED COUNTRIES, LONG TERM STATISTICS INDICATE A FALLING BIRTH RATE AND A FALLING DEATH RATE. IN CONSEQUENCE, THE PORTION OF OUR POPULATION WHICH COULD BE TERMED 'OLDER ADULT' IS INCREASING, BOTH NUMERICALLY AND AS A PERCENTAGE OF THE TOTAL POPULATION.

AGING PRODUCES CHANGES SO THAT THE OLDEST AS WELL AS THE YOUNGEST GROUPS IN OUR POPULATION REQUIRE MOST CARE FROM OTHERS. THE NATURE OF THE INTERPERSONAL RELATIONSHIPS IS DIFFERENT AT EACH STAGE IN THE DEVELOPMENT OF HUMAN BEINGS PARTICULARLY BETWEEN PEOPLE AT DIFFERENT STAGES OF THEIR DEVELOPMENT. THERE IS A NEED TO UNDERSTAND MORE FULLY THE SPECIAL RELATIONSHIPS THAT OUGHT TO EXIST BETWEEN OLDER ADULTS AND THEIR SERVICE WORKERS.

THIS HANDBOOK IS DESIGNED TO ASSIST INSTRUCTORS IN TRAINING HUMAN SERVICE WORKERS. THE CASE STUDY METHOD WAS SELECTED FOR SEVERAL REASONS, NOT THE LEAST OF WHICH IS THAT IT MIRRORS REALITY AND FOCUSSES ON THE PROBLEMS THE WORKER IS LIKELY TO ENCOUNTER IN PRACTISE.

ALL THE CASE STUDIES IN THIS HANDBOOK ARE 'ACTUAL CASES' (REAL SITUATIONS) THAT HAVE BEEN COLLECTED BY RESEARCH STAFF IN THE FIELD. THE RESEARCH STAFF

INTERVIEWED A WIDE CROSS-SECTION OF A MULTI-CULTURAL POPULATION, SPECIFICALLY, FRENCH, GERMAN, UKRAINIAN, BRITISH AND NATIVE. HOWEVER FOR THE PURPOSES OF THIS HANDBOOK, THE CASES HAVE BEEN PRESENTED IN A GENERIC FASHION, WITH THE EXCEPTION OF THE MISCELLANEOUS SECTION.

DIVERSIFICATION OF METHODOLOGIES

THE PARTICIPANTS ARE REQUIRED TO INVOLVE THEMSELVES IN DISCUSSION AND ROLEPLAYING AND TO DO MOST OF THE WORK SO THEY REMAIN ALERT AND ACTIVE. OFTEN MORE THAN ONE SOLUTION IS POSSIBLE, SO ALL FACETS MAY BE EXAMINED. THE HANDBOOK DOES NOT SUGGEST EVALUATION INSTRUMENTS AS THEY ARE NOT APPROPRIATE FOR THIS METHOD OF INSTRUCTION OR FOR THE LEARNER POPULATION. IT WILL BE FOUND MORE PRACTICAL TO EVALUATE ON THE BASIS OF OBSERVED PARTICIPATION DURING THE TRAINING SESSIONS.

IN GENERAL A SPECIFIC PRINCIPLE UNDERLIES EACH CASE AND IT MAY BE DISCOVERED BY THE LEARNERS/TRAINERS. AN ALTERNATIVE METHOD IS TO EXAMINE A SPECIFIC PRINCIPLE AND ITS SOLUTIONS AND TO SHOW HOW IT CAN BE APPLIED TO THE CASE UNDER STUDY. THE CASES ARE ORGANIZED INTO FOUR GROUPINGS WITH SIMILAR PRINCIPLES INVOLVED IN EACH GROUP.

PRESENTATION OF THE CASES WILL BE MORE EFFECTIVE IF A VARIETY OF METHODS ARE EMPLOYED. THE LECTURE METHOD IS NOT RECOMMENDED AS IT IS NOT EFFECTIVE WITH THIS TYPE OF MATERIAL. STUDY FROM THE PRINT FORMAT CAN BE VERY EFFECTIVE AS IT IS ORGANIZED FOR INDIVIDUAL STUDY.

FORMING WORKING GROUPS

VARIETY IS IMPORTANT AND ESPECIALLY WITH LARGER GROUPS IT MAY BE ACHIEVED THROUGH ROLEPLAYING. THE NUMBERS IN A GROUP OUGHT NOT TO BE TOO LARGE FOR BEST RESULTS AND IT MAY BE FOUND ADVANTAGEOUS TO DIVIDE THE NUMBERS INTO MORE MANAGEABLE SUB-GROUPS WHEN NECESSARY.

DISCUSSION GROUPS COULD BE FORMED TO EXAMINE CASE STUDIES WHERE NUMBERS PERMIT. LARGER GROUPS COULD BE DIVIDED INTO SMALLER GROUPS, PERHAPS WITH A DIFFERENT STUDY FOR EACH GROUP. EACH GROUP COULD THEN REPORT THEIR FINDINGS TO THE OTHERS.

GROUP SIZE IS IMPORTANT. IF THERE ARE FEWER THAN ABOUT FIVE MEMBERS THERE ARE NOT ENOUGH VIEWPOINTS AND GRADUALLY THE DISCUSSION LOSES MOMENTUUM. IF MORE THAN ABOUT TEN ARE INVOLVED IT IS DIFFICULT FOR INDIVIDUALS TO VOICE THEIR THOUGHTS AMD MOST OF THE MEMBERS LAPSE INTO SILENCE.

THE INSTRUCTOR WORKING WITH A GROUP MAY REMAIN IN THE BACKGROUND, POSSIBLY EVALUATING THE PARTICIPANTS. THE VALUE OF THEIR OBSERVATIONS IS USUALLY MORE SIGNIFICANT THAN THE NUMBER OF TIMES THEY SPEAK. IT MAY OCCASIONALLY BE NECESSARY TO INTERVENE TO KEEP THE DISCUSSION ON TRACK, TO DRAW OUT A RETIRING PERSONALITY, MAINTAIN A TIME SCHEDULE OR TO ASK QUESTIONS WHOSE ANSWERS LEAD TO OVERLOOKED FACETS OF THE PROBLEM.

AN EFFECTIVE VARIATION IN PRESENTING CASE STUDIES IS THE ROLE PLAYING METHOD. WHEN LIVE PERSONS ACT OUT THE PROBLEMS GIVEN IN THE CASE STUDY IT HAS AN IMMEDIACY THAT THE PRINTED WORD LACKS.

THE ACTORS MAY BE GIVEN A WRITTEN SCRIPT BEFOREHAND AND ACT OUT THE SCENE AS IN A PLAY. THIS REQUIRES PLANNING AND LEAD TIME. IF ADVANCE PREPARATION HAS NOT BEEN POSSIBLE THE ACTORS COULD READ THEIR LINES FROM THE SCRIPT. IN THIS WAY THERE ARE NO FACETS MISSING FROM THE STUDY BECAUSE THEY ARE WRITTEN INTO THE PARTS. A THIRD METHOD IS TO HAVE THE ACTORS READ THE CASE STUDY, DISCUSS IT TOGETHER TO INSURE THAT THEY HAVE A MUTUAL UNDERSTANDING OF THE SALIENT FACTS, AND THEN TO 'AD LIB' THE DIALOGUE.

THE ROLE PLAYING MAY DRAMATIZE ONLY THE PROBLEM AND THE AUDIENCE THEN PROBE TO DETERMINE WHAT THE REAL PROBLEM MIGHT BE, DISCUSS ITS IMPLICATIONS AND SUGGEST SOLUTIONS. ALTERNATIVELY, A SAMPLE 'BENCH-MARK' CASE MIGHT BE PRESENTED TO SHOW THE PROBLEM, ITS IMPLICATIONS AND SOLUTION AS A MODEL ON WHICH THE DISCUSSION GROUPS MIGHT PATTERN THEIR EXAMINATION OF OTHER CASES.

ANOTHER POSSIBILITY IS FOR 'SIDES' TO BE TAKEN AND A ROLE GIVEN TO EACH MEMBER OF THE GROUP. DIFFERENT INFORMATION MIGHT BE FURNISHED TO EACH SIDE OR ONLY THE COMMON INFORMATION. AN OPENING NARRATIVE COULD SET THE

SCENE AND THEN THE PLAYERS COULD INTERACT. THE PLAYERS COULD INCLUDE ONE OR MORE OF THE OLDER ADULTS, SERVICE WORKERS, ADMINISTRATORS, MEDICAL PERSONAL OR FAMILY MEMBERS. THE ACTION MIGHT MOVE IN UNEXPECTED DIRECTIONS BUT WOULD LIKELY BE VERY SPONTANEOUS AND INTERESTING TO THE PARTICIPANTS. IT TENDS TO PROMOTE THE UNDERSTANDING OF DIFFERENT POINTS OF VIEW AS EACH MEMBER OF THE GROUP WOULD BE GIVEN A DIFFERENT ROLE TO PLAY.

ROLE-PLAYING PROVIDES VARIETY AND INTEREST WHEN USED IN CONJUNCTION WITH OTHER INSTRUCTIONAL TECHNIQUES. A NUMBER OF PRINT SOURCES ARE AVAILABLE TO INSTRUCTORS WHO MIGHT WISH TO HAVE MORE DETAIL ON THESE METHODS. TWO WHICH MIGHT BE USEFUL ARE:

ENGEL, HERBET M. (1978). HANDBOOK OF CREATIVE LEARNING EXERCISES. HOUSTON, TEXAS: GULF PUBLISHING COMPANY.

THIS, LESLIE E. (1972). THE SMALL MEETING PLANNER. HOUSTON, TEXAS: GULF PUBLISHING COMPANY.

INSTRUCTOR'S INTERVENTIONS

IT WILL BE NECESSARY FOR THE INSTRUCTOR TO STIMULATE DISCUSSION OR TO GUIDE IT INTO MORE PRODUCTIVE CHANNELS THROUGH JUDICIOUS INTERVENTION FROM TIME TO TIME. FOR THIS REASON A NUMBER OF QUESTIONS ARE INCLUDED THAT ARE RATHER GENERAL IN NATURE AND MAY BE APPLIED TO MOST OF THE CASE STUDIES WHATEVER METHOD IS USED FOR THEIR PRESENTATION.

SUGGESTED QUESTIONS

THE FOLLOWING QUESTIONS MIGHT BE USED TO STIMULATE DISCUSSION OR TO BRING IT BACK TO A MORE PRODUCTIVE DIRECTION OF INQUIRY. EACH CASE STUDY CONTAINS A NUMBER OF CLUES, SOME OF WHICH ARE NOT DIRECTLY STATED. THE INSTRUCTOR MAY WISH TO USE THESE, OR THEIR OWN QUESTIONS TO HELP THE PARTICIPANTS TO DISCOVER THE REAL NATURE OF THE PROBLEM OR FIND A VIABLE SOLUTION.

1. AFTER REVIEWING THE INFORMATION GIVEN IN THE SCRIPT OF THE CASE STUDY, WHAT DO YOU FEEL IS THE BASIC UNDERLYING PROBLEM?
2. IS THE PROBLEM ONE THAT CANNOT BE SOLVED? IS IT A FRIVOLOUS COMPLAINT, A SITUATION OR AN INTERPERSONAL RELATIONSHIP THAT MUST BE ACCEPTED OR ENDURED?
3. IS IT WITHIN THE SCOPE OF THE SERVICE WORKER PERSONALLY TO CORRECT OR TO ADEQUATELY IMPROVE THE PROBLEM SITUATION? WHAT SHOULD THEY DO?
4. HOW COULD THE OLDER ADULT BE BROUGHT TO PARTICIPATE IN FINDING A SOLUTION AND IMPLEMENTING IT?
5. COULD THE OLDER ADULT BE ALLOWED TO SOLVE THE PROBLEM ON THEIR OWN, OR WITH ONLY MINIMAL ASSISTANCE FROM THEIR SERVICE WORKER?

6. DOES THE PROBLEM INVOLVE OR AFFECT OTHER PERSONS SUCH AS PEERS, STAFF OR ADMINISTRATION? WHO SHOULD BE CONSULTED IN FINDING A SOLUTION AND WHAT MIGHT EACH ONE BE EXPECTED TO CONTRIBUTE TO IT?

7. DOES IT SEEM THAT THERE MIGHT BE RECOGNIZED PROCEDURES BASED ON PREVIOUS EXPERIENCE THAT MIGHT APPLY TO THIS PARTICULAR CASE?

8. IF THE WORKER FEELS THE NEED FOR FURTHER INFORMATION OR ADVICE, FROM WHOM SHOULD THEY BE SOUGHT?

9. IF THE PROBLEM RESULTS FROM PEOPLES ATTITUDES, CULTURAL VALUES OR ETHICAL CONFLICTS, HOW MIGHT THESE BE RECONCILED WITH THOSE OF THE LARGER GROUP?

10. WILL THE OLDER ADULT AND THE WORKER HAVE A COMMITMENT TO THE SUCCESS OF THE SOLUTION IF THEY HAVE BEEN ALLOWED TO HAVE AN INPUT TO THE DECISIONS AS THEY ARE BEING MADE?

11. DOES THE PROBLEM SEEM TO BE CAUSING THE SERVICE WORKER STRESS, OVERLOAD OR POSSIBLY EVEN 'BURN-OUT'? WHAT COULD THEY DO TO ALLEVIATE THE CONDITION?

12. IS THE OLDER ADULT PLACED IN SURROUNDINGS AND AMONG PEOPLE OF A CULTURE AND/OR LANGUAGE DIFFERENT FROM THEIR OWN? HOW WOULD THIS AFFECT THEIR DAY TO DAY LIVING?

13. IS THE SERVICE WORKER HAVING PROBLEMS RELATED TO HAVING A DIFFERENT CULTURAL BACKGROUND FROM THE PEOPLE AND/OR STAFF THEY ARE WORKING WITH?

14. OLDER ADULTS OFTEN FEEL MORE COMFORTABLE USING THE FIRST LANGUAGE THEY LEARNED AND MAY EVEN REVERT TO IT COMPLETELY. HOW COULD THE SERVICE WORKER BEST ADAPT TO THIS CHARACTERISTIC?

15. HOW MIGHT IMMERSION IN A DIFFERENT CULTURAL SETTING AFFECT AN OLDER ADULT WITH RESPECT TO:

FOOD
CONVERSATIONS
RECREATION
FRIENDSHIPS
RELIGIOUS PRACTICES
DAILY ROUTINES

ADJUSTMENT TO PHYSICAL DISABILITY

I AM NOT USUALLY THIS HELPLESS

This resident has recently undergone a prostrate operation, which has left him very weak and somewhat helpless. He is usually a very independent person and doesn't like people helping him with simple daily activities.

Today he became quite upset when I tried to help him bathe. Rather than cause him more concern, I just stood back and observed his bathing without his awareness. In this way I could be on hand in case any problem arose, and he could feel good about doing something by himself. However, I'm not sure if this was the right thing to do in this situation.

FREEDOM, FAMILY AND FRIENDS

This resident has chronic emphysema. It is very difficult for him to get around as he experiences severe breathing difficulty. He has long lost his driving privileges and is very dependent on others for transportation. He is bitter about having to pay his family for trips into the city when he requires medical care, especially since he has given them his old car.

The family also doesn't come to see him on any regular basis, and he becomes quite depressed at times. His one close friend who took him out for a beer every once in a while died last week. I think his feelings of loneliness and depression will increase.

I NEED YOUR LOVE

This 90 year old lady has two ulcers on her right lower leg. I change her dressings every three days. When I do this she complains of pain in her legs. After showing my care and concern, she feels much better and gives me a hug before I leave. She is really a very lonely lady.

MY BACK IS STILL SORE

This heavyset woman had a mishap in her apartment several months ago. While opening a sliding door the handle broke off and she fell backwards, hurting her back. Last week she fell down on her knees, which she feels has aggravated her back problem. She has been taking medication under a doctor's care, but this doesn't seem to be doing any good. Now she is annoyed that the doctor's care has not done anything to alleviate her back problem.

WHERE IS MY FAMILY NOW?

This lady has a progressive muscle disease and must spend the rest of her days in a hospital attached to a breathing machine. Her son lives in her house in town and takes care of her money. I am having difficulty in getting her family to take her home for visits to give her a break from the hospital. She has been extremely helpful to her family all of her life but now when she needs them she feels they are not there. I don't know what to say or do in a situation like this.

BUT I'M DOING EVERYTHING RIGHT

This elderly client is worried about the swelling of his ankles. The nurse who visits him has advised him to keep his feet up on the backs of chairs. He wants to sit at the table in this manner to eat his supper. What he doesn't understand is why the swelling in his ankles won't go away, since he has been following the nurse's orders so well.

I DON'T HAVE A PROBLEM

One of our residents is an ex-patient of a mental hospital. He is generally communicative with the other residents and likes his privacy. The staff have had some success in getting him to bathe regularly, cut his hair normally, and take part in a few activities. He may occasionally speak a sentence or two to a staff member on his own initiative.

Recently he has started to wear 3 or 4 undershorts at a time, all of which are stained when they arrive in the laundry. The staff are concerned that he may have a medical problem, but he refuses to discuss the situation. We have called in the mental health worker to talk to the resident, even though he dislikes the worker. The medical doctor will not help as the resident denies having a problem.

We are at a loss as to know whether this is a physical or psychological problem. What should I do? I do not want to alienate the resident and have him withdraw again. On the other hand, I cannot ignore what might be a physical problem when the resident lacks the mental capacity to deal with it himself.

HELPLESS

This resident is a post mental patient who is almost blind. All it takes is a shake of the stick to get her worked up and crying. Today I found her crying on her bed because she had ordered some records through the mail but had received and paid for cassettes instead. The man at the post office had told her that she couldn't send them back unless she paid again.

I wasn't able to get through to her because she was really crying hard and was so upset by what the postal man had said. I wondered what the best way would be to calm her down.

INCONTINENCE

A forty-three year old resident with multiple sclerosis has recently become incontinent of urine during the night. He doesn't like to be disturbed and becomes very hostile if checked to see if he is wet. We try to be as quiet as possible, and it seems to appease him slightly if we turn off the lights.

CHRONIC COMPLAINER

One of our residents is a chronic complainer and hypochondriac. His favourite past time is complaining about pains to the doctor. Yesterday he complained to the doctor about a pain in his right side; the week before he was in the doctor's office with another complaint. Today he complained of pain in his stomach and that he was "spitting up blood". When I asked that he keep a specimen if he spit up blood again, he bacame angry and threatened to move out, his usual reaction.

My problem is that he is pigeon chested and susceptible to pneumonia. Can I afford to ignore his request to see the doctor? I have done so on the basis that his pulse, respiration and colour are good. Am I violating his rights by refusing?

PROUD MARY

One day a resident fell to her knees and started to cry. I approached her, asked if she were hurt and attempted to assist her in getting up. The resident was very uncooperative and lashed out at me. She said she was not hurt, refused to be examined for any injury, and refused assistance in getting up. She got up on her own with the aid of her walker.

I CAN'T REMEMBER

One of the women has had a stoke and is in a wheelchair. She has a hard time remembering things. Every few minutes she asks where her room is or if she has had lunch yet. I try to have patience and answer her properly but when I'm busy this is hard to do. Then I feel guilty because I didn't take more time with her.

MOBILITY IS A PROBLEM

This resident has a problem walking and uses a walker. She is frequently late for meals and is often upset and tearful. When she is upset, I find it best to leave her alone, because it is more upsetting to her if I try to comfort her. I have to understand that she is in pain and that she has both her good days, when she jokes and talks with the others, and her bad days.

RECUPERATING

This resident has been rather difficult to deal with as he is slowly recovering from a broken hip and an ulcerated heel. When I give him his medication, crushed in jam, he likes to spit it back at me. Now he is using a walker with some assistance, but he yells, screams and kicks the entire time he is being walked. A pleasant, kind or firm approach has not been very effective. This is very frustrating as I am only trying to help him.

WE ARE GOING TO PLAY IT MY WAY

This man had a row with a staff member the night before. He didn't look well then and he didn't seem well today. I couldn't get him up for breakfast and he refused to get dressed, so he had tray service for both breakfast and lunch. After lunch he went to the lounge in his pyjamas for a smoke but he still refused to get dressed.

Since he has a bad heart, I don't want to get him upset, especially as he has a tendency to get violent under stress. So I won't push him. I guess I was too sympathetic over the incident the night before, especially because of his health. Now I am going to have great difficulty in getting him to get dressed and eat his meals in the dining room again.

I CAN HELP MYSELF IF I WANT TO

This resident is a stroke victim who can help herself but lacks the incentive to do so. She tends to let everyone else do things for her such as pushing her wheelchair to and from the various activities or the dining room. She also manipulates the staff and avidly listens to everyone's conversations . However, she doesn't always get her stories straight and makes her own assumptions.

She likes to gossip on the phone and with visitors, making false accusations and telling tales about the staff and the other residents. The fact that she can maneuver her own chair in order to talk on the phone demonstrates that she can help herself if she is motivated. Reprimanding her for her gossiping is not effective. I am puzzled as to what approach I should take with this problem.

FIGHT AND INJURY

This resident requires complete care for the activities of daily living. However, when the staff try to assist her with anything she usually becomes combative. During her hostile outbursts she frequently injures herself by breaking her skin, which is very old and delicate.

TALK TO ME

This husband and wife are two relatively new residents in our home. The husband is ambulatory but the wife has a speech and hearing impairment and uses a wheelchair. However, she is usually a happy and pleasant lady.

One morning I walking into their room and discovered, to my surprise, that she was crying. When she wouldn't confide in me I told her that it might make her feel better if she talked about it. She finally revealed that she felt people didn't want to talk to her because of her hearing loss and poor speech. Her outgoing husband has become easily involved in the home's activities which she hasn't, and she has felt left behind. I told her we were all her friends and would help her get involved, but she contined to cry and wanted to be left alone for a while.

I went to the nurse in charge and explained the situation. The staff agreed to take a little more time to just sit and visit with her. The activity director was informed about the situation and added the wife's name to the "outing" list. The woman is now involved in more activities in the home than she ever was before. She seems much happier and the original problem she was having seems to be forgotten.

I SWEAR BUT I CAN'T TALK

One of the female residents had a stroke a few years ago and can't say what she is thinking. When she talks, the words don't come out properly. Consequently, she gets very angry a lot of the time and swears at everyone. I get along with her most of the time, but once in a while she gets angry and swears at me. This bothers me as I don't like it when I am the target of someone's swearing.

WORK AND TRUST

The ladies I worked with today all have physical and general health problems. The problems vary from being unable to sit up straight unless there is support from pillows, tables, wheelchairs and the like to poor overall muscle strength and coordination. I have worked on these people for quite some time and have developed my own way of working with the problems that arise. Because the ladies are familiar with me, they trust me, and that makes my job much easier.

ON HIS OWN

One of our residents is partially paralyzed on one side. He hasn't much movement in one arm and although he can walk, he drags one leg. He is always asking me to do something for him or go to his room and get something for him. I know he is supposed to do as much for himself as possible, but I am not sure how much he really can do. I feel bad when I have to tell him that he has to do it for himself.

THIS IS A LOT OF WORK

This lady is in her 80's and has always cared fairly much for herself. The hardship I endure with her is that she now needs a lot of care and is extremely hard to work with. Her body is so badly twisted that she cannot bend backwards to do her hair care. She has to be wrapped in several layers of towels and capes and then bent forward over the sink to have her hair washed. She makes petty complaints during the process, such as how hot or cold the water is.

This is all very time consuming. I have suggested she have her hair done with her bath and then come to me, but she gets angry and says she "would rather die". The table that has recently been put on her chair eases the strain on my back when I set her hair, as she is now sitting up rather than bending over. I cope with great self-control, and treat her with patience and kindness, of course.

JUST PLAIN DIFFICULT

This stroke victim usually requires some assistance with daily routines, but she does try to help herself as much as she can. However, she has many mood swings and can become very aggressive and verbally abusive. When I enter her room she may greet me with very foul and abusive language before I even have a chance to say good morning. At this point she may also refuse to take her medication from me. I usually then bring in a co-worker, and most times this resident will take her medicine from this other staff member.

ARTHRITIS

An elderly person who has arthritis hurts when I put him to bed or on the toilet. He swings his arms and legs and fights me a lot when I do this.

MY EYES ARE DIM

Although it is not difficult to work with this resident, the poor condition of her health has diminished her eyesight. Because of this, she needs constant supervision when she sits or walks. She also worries about where she lives, and I must constantly reassure her of her present address.

UNREASONABLE

This resident sat down on the floor beside her walker and began to cry. I tried to question her about her problem but she became harsh and vulgar and screamed at me to "get out of here". When I asked if she had sore legs, she screamed a yes at me. However, I was completely unable to reason with her.

WE ARE DOING THE BEST WE CAN

A male resident with psychotic disorders and multiple sclerosis is many years younger than the average resident. He often verbally abuses female staff members by swearing and criticizing their knowledge and competency.

He is reprimanded for his behavior and reminded that he is getting the best care that these individual staff members are capable of giving him. As such, he should be a little more appreciative and cooperative. Depending upon the mood of this resident, we are sometimes successful and sometimes not in changing his behavior. Since we are giving the best care we can, we should not have to put up with such abuse.

APHASIA

This resident has recovered fairly well from her stroke, but she is left with nominal aphasia. Her inability to name her children, other people she knows, simple objects and the like distresses her at times and she is very easily upset. Any little thing will annoy her, at which point she will refuse to eat or take her medication.

Another problem is that she is very reluctant to go out with her daughter on outings to the doctor or the store because she finds parting with her daughter at the end of the outing is always a very painful and tearful experience.

YOU ARE TOO KIND

An obese female resident, who has had a stroke, does almost nothing for herself. Putting her to bed is a very time consuming process because she has many physical problems to attend to and a special ritual to follow to get settled.

Once during this process I received a great deal of praise from her about how good I was to her and how gently I treated her. She even thanked me at the end of it all. However, after I left her room she pressed her call light and asked the charge nurse for assistance. She explained that she had chest pain now because she had been treated very roughly while being put to bed.

ACCIDENTS WILL HAPPEN

This resident fell and broke his femur several months ago. Since that time he has become totally uncooperative with the nursing staff. He shouts and screams and often uses offensive language and actions, although these latter behaviors were evident before his accident. Even when his treatments are explained to him before hand, he reacts inappropriately. When he attempts to annoy the other residents, especially the women, we become quite firm with him.

EPILEPSY

This elderly lady is an epileptic whose seizures are controlled by medication. When a seizure occurs which requires medication and I am ten or more minutes late in administering it to her, she may become very stubborn and refuse to take any medication at all. She usually continues to be stubborn for the entire day. At the end of the day a co-worker may attempt to offer the medication to her again, but this attempt is usually unsuccessful.

BELIGERENT

This female resident is in a wheelchair and requires a lot of help. Since she cannot walk, she needs complete assistance when getting into bed. However, she repeatedly tries to undress herself in front of the other residents. When I take her to her room for a rest in the afternoon she constantly calls for her daughter and son. When the family arrives she is very meek and cooperative, but as soon as they leave she becomes very beligerent and tries to hit and kick the staff.

BLIND AND CLUMSY

A male resident, who has been in the home for nine years, is annoyed by the behavior of a new deaf and blind resident. The new resident is always getting into his belongings and breaking them, unplugging his wheelchair and having all kinds of unforeseen mishaps. He has approached the staff for a solution to his problem but is frustrated because there have been no results.

STRONG AND MUTE

This stroke patient is in a wheelcair, is paralyzed on the right side and can't talk. He can be very demanding, but it is hard for me to know what he wants. If I don't understand him he gets very angry and violent, hitting out with his good arm. He is very strong and I am afraid of him.

50

DIFFICULT TO ACCEPT

A 61 year old resident who had a stroke about three years ago is very depressed. The stroke has affected his complete left side, some of his speech and part of his brain functioning. His wife, a few years younger than him, lives in the same town and visits whenever she isn't working at the local hospital. The rest of the family comes to visit him quite often, but that doesn't seem to be enough.

He remains depressed and counselling doesn't seem to work. The staff are all good to him and often offer a listening ear. I have asked the resident if there is anything I can do to help, but just listening to his problems seems to be enough. By prying into his situation, it seems that the main reason for his depression is his unwillingness to accept his stroke.

WHAT DID YOU SAY?

This female resident has had a stroke and can't do anything for herself. On her better days she talks quite well, but at other times I can't understand her. Tonight she was crying when I went to her room, so I asked her to tell me her problem. However, I had great difficulty trying to understand what she said because she just seemed to mumble her works. I did not know what to do.

YOU CAN'T LIFT ME - I'M TOO HEAVY

A new summer relief worker was helping me transfer a heavy resident from her wheelchair to the bed, but the resident refused to cooperate and almost slid to the floor. We managed to get her back into the chair and then called for extra help. This resident is very uncooperative at the best of times, and while being lifted she will try to either pinch us or pull on our uniforms.

TIME AFTER TIME

A 66 year old multiple stroke victim has now been in bed for three years, unable to move. She woke up this morning with questions about where she was, why she was here, how long she had been here, and when she could go home. She asked to get up, but when we told her that she couldn't walk she started to cry.

This happens every few weeks and each time she seems shocked and heart-broken all over again. It almost seems like she hasn't known of this before and that she has to go through the realization that she is paralyzed over and over again. How can I help her?

NO TIME FOR SUSAN

Susan is a multiple sclerosis patient who feels very neglected. She thinks that no one cares about her anymore and that the nurses are too busy to find time to feed her. She says that the nurses used to spend a lot of time with her, but I don't like to call them unless I really have to.

DON'T BE RUDE TO ME

An elderly male complained that a staff member had not been nice to him. He felt that she had rushed him and was quite rude to him when he did not move fast enough to suit her. This patient has been admitted with recurrent chest infection and a right foot infection and is waiting for placement in a personal care home.

LOST FOREVER

One of our residents, recovering from a stroke, is paralyzed on the left side. Although he can still get around in his wheelchair, he doesn't think that that is good enough and had decided that he no longer wants to live. He stayed up until 2:30 a.m. last night crying about the things he used to do but can do no longer. He said he was going to kill himself by refusing to eat.

We sat with him and talked about the things that he still could do and about his wife and family, who really care for him. The day staff also spend some time talking with him. I think if he talked things out with his family, especially his wife, he would feel a lot better.

SHE TREATS ME BADLY

A male resident, totally handicapped by multiple sclerosis, told me this morning that he was very upset. Apparantly the evening nurse had sworn and yelled at him, treating him roughly. He wanted me to do something about it. Since the evening worker is an L.P.N., just like me, I have no authority over her. This happens quite frequently and, as I don't want to speak badly of the other nurses, I don't know what to say to the resident.

IT IS NOT FAIR

This 89 year old terminal cancer patient was admitted with diarrhea. She has little control and consequently messes her bed when she uses the bed pan or dribbles on the floor on the way to the bathroom. She has had this for three weeks and has become very depressed and self depreciatory. I try to reassure her, but she still thinks is is not right that a person who has been healthy all her life should get sick now.

AFRAID OF LIFE

This resident has Parkinson's Disease. When I try to take her to the dining room she says, "I'm not allowed to go", or "I can't go there", or "They're after me". She seems to be afraid to go anywhere or do anything. I am not sure what to say to her.

HALF A MAN

A 60 year old man who has had a stroke is hemiplegic and confined to a wheelchair. He feels he is a burden to his family and 'no good for anything'. He says that his is 'tired of living in a crippled body' and wonders 'what kind of a life is it for my wife to be married to half a man'. He feels there is no point in going on living. I don't know what to say to him.

I FEEL GUILTY WHEN YOU FALL

A lady with Parkinson's Disease can still get around on her own sometimes. People with this disease can do one thing one minute and not the next. This lady demonstrates these symptoms. It may take three staff members to get her into bed, but ten minutes later she will walk to the bathroom by herself.

She has started to fall a lot lately and no preventative measures, such as restraints, have been taken to protect her from herself. It bothers me when she hurts herself because I've been taught to prevent injuries and feel as though I am contributing to them by not protecting her from falling. There are some measures that can be taken to do this for her. I also understand that there is a study being done to help families decide whether the victim of Parkinson's Disease in nursing homes should remain unprotected to preserve their self-esteem. If they try to hurt themselves bad enough or often enough their self-esteem would disappear anyway.

THEY SHOULD BE ABLE TO DO IT TOO

A lady resident, confined to a wheelchair due to arthritis and a fractured hip, enjoys making crafts but fails to realize that some of the other residents are unable to do so. Although this resident is still mentally alert and physically able, other residents are plagued with poor eyesight and mental confusion. The staff has tried to explain to her that these people simply cannot do crafts because of their disabilities, but she will not accept the explanation. She feels the residents here are as 'lazy as snails', and continues to make rude comments about them.

NEVER CRY WOLF

A resident has just returned to the home after breaking her hip. Although she is still recovering from her accident, her problem behavior has occured regularly, both before and after the accident. The problem is that she whines constantly. This happens no matter how comfortable I make her, whether she has just eaten, helped to a comfortable chair, or is visiting her daughter. She asks for water, and then spills it or doesn't drink it. She cries of pain when she either has or doesn't have any. She also asks other people's visitors to fetch and carry for her. She drives me to the point where I try not to hear her anymore. Someday she could really be ill but, because of her constant complaints, I may never know.

DON'T LET ME FALL

One of our residents had a fall about six months ago, injured her hip and had to have hip surgery. She is now almost a complete bed patient. We get her up in her wheelchair about three times a day for an hour at a time. The problem I have is in transferring her from the bed to the chair since she is very fearful of falling again.

Today, as I was trying to get her out of bed, I told her to put her hands around my waist, and she did. However, while I was in the process of transferring her into the chair, she grabbed hold of a dresser drawer, making the process almost impossible. I tried to explain to her that grabbing onto other objects made it harder on both her and me, but it seemed to make no impression on her. The next time I tried to transfer her, she grabbed hold of the bed railings. Talking to her doesn't seem to help; the fear of falling overrules everything else. I am not sure what to do in a situation like this.

THE WATCH DOG

This husband and wife live together in the personal care home, but the husband is blind and almost totally deaf. He is quite willing to cooperate with the staff about his own personal care, such as bathing, shaving and getting dressed. However, his wife acts as his watchdog. Consequently, he lies in bed much of the time because his wife is convinced that he is sick and cannot endure walking or sitting.

One evening I took him for a walk down the hall for some exercise. His wife was furious and became verbally and physically abusive when the charge nurse tried to explain to her that such exercise would be beneficial.

SEWING LESSONS AND A LESSON ON LIFE

I offer a sewing class every Monday to about 15 residents. This particular resident used to sew a great deal in her younger days but now she has a bit of arthritis in her hands. She told me she felt that the other ladies would laugh at her hands and the way she held a needle. I worked with her for quite a while on a one to one basis, giving her lots of encouragement, and now she does not feel odd. Being a very determined lady, she is able to do just as well as the others, and finally has come to the realization that she will never be perfect in her sewing.

Initially she gave me the impression that she was self conscious of her lack of abilities because she was old. She has now changed her mind on a lot of things about herself, by talking things out with me. She feels that life is worth living and that accomplishments can be made if she takes them one step at a time. Consequently, she now participates in all sorts of activites.

INDIFFERENT TO LIFE

This resident sits in his wheelchair for most of the day and hardly ever leaves his room for activities, outings or other social events. He usually refuses to walk, even though the exercise of walking is part of his care plan. He insists that, since he has walked enough during his life, he shouldn't have to walk now.

What I find most frustrating is his indifference. He enjoys outings once he has been persuaded to go, but the persuasion is the hard part. Lately, he has even shown a lack of concern for his fluid intake. When one of the nurses insisted that he drink more fluids, he simply wet his pants. He seems to be indifferent to this as well.

SO WHAT IF I AM TOO HEAVY

This lady is quite overweight but both she and her family seem to feel that there is not much left for her to enjoy except eating. She has Parkinson's Disease and is becoming increasing weak. Lately she has had a very sore knee, which has confined her to a wheelchair. Today, while being transferred from her bed to the chair, she slipped to the floor because the staff member could not support all of her weight alone. How can one give the best emotional and physical care possible? Who should be responsible for changing priorities - patients, staff or both?

LYING NELLIE

This resident is extremely overweight for her size. She broke her hip a number of years ago and one of her legs is now three to four inches shorter than the other. She wears a built-up shoe but it tends to be quite heavy. She also has some arthritis in her shoulders. I keep trying to get her to do some exercises but she refuses, although I can sometimes get her to push herself in her wheelchair about half way down the hall.

One day I told her that I felt she wasn't doing enough to help herself and that she was getting lazy from all the help she was receiving. That evening, believing that I had left for the night, she expressed her anger at my comments to one of the aides. When I spoke to her about it, she twisted the facts around. The end result was a yelling match between us, making both of us upset.

The next day she continued to talk about the incident to the head nurse, but added a few extra four-letter words that she said I had used. The head nurse, who knows that this resident frequently causes trouble, asked her to think about what she had said and to make sure she was right. After a minute the resident apologized and said that I had never said anything of the kind.

MY PANTS ARE WET

This resident is consistently incontinent and is very uncomfortable about it. He wears grey track pants which are always wet because he dribbles. Consequently he feels uneasy about going to an even or program because he thinks others will laugh at him.

RUSSIAN ROULETTE

This 86 year old man's main problem is extreme confusion and incontinency. The worst aspect of his incontinence is that he tends to smear his stool all over himself and soil his hands. Another complicating factor is that getting him to the toilet is a hit and miss proposition. It is like playing Russian roulette because I never know when a discharge will occur. I try to orient him as to his location and explain what he must do when he uses the toilet, but this doesn't seem to work.

Besides this problem, he is also a slow eater, and sometimes plays with hisfood and keeps it in his cheek for long periods of time.

THANK - YOU

A gentleman on the day care program has had three strokes. The last stroke affected both his speech and walking abilities. He uses a tripod walker because he is paralyzed on his left side, and he has a brace on his left foot. Before his last stroke he was very demanding but now he is very appreciative of anything that is done for him. However, I feel inadequate when I try to help him.

MY BATTING AVERAGE IS ZERO

The call light of a very physically 89 year old lady came on around 9:30 P.M. I asked her what she wanted but, because her memory span is zero, she couldn't remember why she had rung. This happened several times over the next two hours.

Similar things have happened from time to time. She will help little old ladies to walk, who generally have great difficulty in walking and usually require two people to support them. She will also open doors to allow confused residents to go 'home'. In fact, her short memory span is of great concern to everyone.

Although she has lived in the personal care home for six years, she believes she has only lived here for a few days. She becomes very frustrated at times because she just wants to be helpful but keeps getting into trouble because of it. I don't think the problem can be solved since she can never remember what a staff member has said to her.

FEED ME - I AM ON A DIET

This multiple sclerosis patient, confined to a wheelchair, is on a reducing diet. Whenever she sees me in the hallway she like to give me a verbal list of her food likes and dislikes. However, she keeps changing her mind. One day she might like a bowl of cereal and one slice of toast for breakfast, but the next day she might want two slices of toast. If I followed her directions I would be continually changing her diet pattern.

Another problem is that this lady still eats chocolates and sandwiches from the canteen, even though she is concerned about losing weight. This is quite common with elderly people who are on reducing diets; they usually do not adhere to their diet plans.

LET ME COMMUNICATE THE ONLY WAY I CAN

One of the ladies in our home is deaf and dumb. Since she doesn't know very much sign language, it is hard to communicate with her, and she often seems very angry and agitated. Today, when I tried to get her to bed, she became so furious I had to get help. She was hitting and kicking so much that we found it difficult to get close to her. While we were undressing her, she even tried to bite us.

Later in the evening she began banging on her door and pounding her fists on the wall; getting the other residents upset and keeping them awake. There are times when this lady has become dangerous to both the staff and the other residents. I am not sure what to do in a situation like this.

LEST NO ONE FORGET THAT I AM THE BOSS

This diabetic resident is very bossy and will accept no instruction or explanation from anyone. She will wait until there is no one else around to do things she is not supposed to do, such as smoking in her room or eating food a diabetic should not eat. She treats everyone like a child and when she reprimands other residents she can be very cruel. Everyone feels bad about her cutting remarks and how they hurt others. She also plays staff against staff and staff against family.

THIS ISN'T FUN ANY MORE

This lady comes from the hospital to my activity area. Due to a stroke, she cannot talk and is paralyzed on her right side. Because of these disabilities, she becomes very frustrated at times and wants to go back to the hospital immediately. The noises she sometimes makes at this point are upsetting to the other residents. I feel I am not properly helping this lady to cope with her problems. I try to reason with her as best as I can, but she still has some difficult times.

THE BUSY BODY

This resident has arthritic shoulders and one leg shorter than the other. For a while she spent a great deal of the evening by herself and developed a great 'concern' for the resident in the next room, who had gone into a deep depression. She took it upon herself to phone this other resident's family about what she considered to be the lack of care the staff gave to the lady. These actions upset the other resident's family, and the staff found themselves in trouble as a result of her meddling. It seems that she feels the staff is an enemy and that she has to make sure she gets the staff before they get her.

THE FOG HORN

This 90 year old man is very confused, overweight, and incontinent. He usually calls very loudly for me, especially when he is using the toilet. I have tried to tell him that it is not necessary to call so loudly, and he usually agrees not to call. However, as soon as I leave him, he begins to call once more.

The most troublesome part of all this is that he usually calls when I am very busy with other tasks and cannot tend to him. When I am on shift I am very busy and do not much time to visit with the men, although I do enjoy this part of my job.

A KIBOSH ON THE NEW CLOTHES

A residents with Alzheimer's Disease is very hard to dress because of his rigidity. The nursing staff suggested that he should wear a different style of clothing which is easier to put on. However, his wife, who is an employee of this facility, will not give her consent. It upsets me when a nursing assessment can be overruled.

I AM DYING AND I DON'T KNOW WHY

A female resident was told by her doctor that she had terminal cancer. At the time she seemed to accept it. However, as time went on and she became bedridden, she would ask us why she had to stay in bed. Although she knew she was sick, she said she didn't know why and wondered what her problem was. It bothered me because I did not know what to say to her, especially as she was fully alert.

DELAYED HELP

I found a female resident who had been restrained on the toilet had fallen off. As she has organic brain syndrome, she was unable to call out for help.

IT IS EASIER TO STAY IN BED

A female resident, who has had hip surgery, insists on staying in bed. She refuses to motivate herself to be more active. This upsets me because she will have more problems if she doesn't move.

YOU ARE TOO CRUEL

The other day a female resident with severe osteoarthritis of the knees was crying because two staff members were getting her to walk a short distance. Although she can no longer use her walker, she is encouraged to walk as much as possible, but she insists that she cannot walk at all and claims that the staff are cruel.

She gets very upset when the staff tries to encourage any independence. The occupational and physiotherapists say she cannot push her own wheelchair because her right arm is weak. When she tries to do this herself, she just goes in circles. Motivating her to do much of anything else is very difficult.

DON'T LISTEN TO HER - SHE DOESN'T KNOW WHAT SHE WANTS

As I was making rounds, a resident said to me that she needed to go to the bathroom. I checked the 'bowl movement' sheet and found that she had gone only two days before, so I just continued my rounds. However, the resident kept asking every new girl who came to work to take her to the bathroom. I finally took her but nothing happened. An hour and a half later I repeated the performance with the same results.

JUST AN EXCUSE

This 90 year old resident has diabetes and is a left amputee. Our activity worker plans many events that this resident would be able to enjoy, as her mind is very clear and concise. However, when she is asked to attend the activity she replies, "Well dear, you know I can't." When I ask her why she can't, she quickly says, "Well, you know I have only one leg." I feel angry at her negativity because she has so much more than many others.

MY RAGE IS DEEP

This resident, a stroke victim, has very poor co-ordination for walking and requires assistance when standing. When he walks he becomes very angry and swears all the time. The staff have tried to praise him and encourage all his attempts at rehabilitation, but this does not seem to help him feel that he is doing a good job. Everyone is frustrated with his continual swearing and anger.

HIS SPEECH IS QUITE DESCRIPTIVE

This male resident is a stroke victim with left aphasia, and can only say some very 'descriptive' swear words. He often gets muscle spasms in his right arm. When the spasms are severe, he gets quite upset and swears continually. His extreme anger seems inappropriate, and nothing seems to help. He becomes so upset that he says "no" to everything the staff suggests. This situation will also occur when he cannot get his ideas across. My solution in these cases is to leave him alone.

SPELLS OF CONFUSION

This male resident suffers from cerebral arteriosclerosis and diabetes. He is often confused and wanders quite frequently. Last night I found him outside the building on four different occasions. He often states, after these episodes, that he wants to go home or lay down on his bed. The staff tries to re-orient him as much as possible, but every so often he has these spells.

HIT ME AND I'LL HIT YOU BACK

A lady resident with CVA has the habit of hitting, spitting, kicking, and pulling hair. She is able to walk with a walker and eat without assistance, but she requires help with dressing. When I dress her, she is very talkative but does not always make sense.

One evening she hit me as I bent over to remove her stockings. I turned and slapped her lightly and told her not to do it again. She replied, "I will". She continues to do it to other residents too, not realizing that her hitting can really hurt.

STOP THAT SWEARING, PLEASE

A male resident with left hemiplegia, cerebral arteriosclerosis and CHF has a habit of swearing. He does this when he either helps himself or the staff helps him. He often rings his bell and is always yelling "nurse" down the hall. I nicely ask him to stop swearing in front of visitors and other residents, but he won't stop.

MORNING PILLS

Every morning a lady with severe arthritis constantly complains of pain, whether it is sore joints, heartburn, or headaches. She says she cannot sleep at night and that she suffers all day long. The night nurse says that this lady does sleep and night and does not complain. She doesn't complain in the morning either. The morning seems to be the worst part of her day.

FEED ME AND I AM YOURS

A woman with Parkinson's Disease has been a resident here for three months. When she first arrived she fed herself, and even though she had tremors in her hand, they could be stopped by a touch. Lately, however, she has noticed that other patients are being fed by the staff and she wants to be fed too. Her tremors have increased and it doesn't help when I touch her hand. She used to have a good appetite but now she hardly ever eats at all unless a staff member feeds her. Wrist weights don't help.

PILLS, PILLS, PILLS

A 73 year old female carcinoma patient with a history of drug abuse often asks for "pills" for sleep and "pills" for pain. At times she forgets she has just had her medication a short time earlier and becomes hostile if more medication is not given to her.

WAITING IN EMERGENCY

One of our residents has a history of heart attacks and strokes. Recently he had a medical checkup for high blood pressure, at which time he was given a diuretic. A routine EEG showed that he had just had a heart attack within the last two weeks. Since his blood pressure remained high, his diuretic dosage was increased.

However, for the past week the resident has not been his normal self. This morning he complained of a bad headache and at 11:30, while talking to another worker, he suddenly slumped down and had to be held up. He recovered in a few seconds but appeared weak and dizzy.

Since his doctor was not available until 2:00 pm., I took the resident to emergency. After 5 minutes of waiting he was told to lay on a stretcher for some tests. Half an hour later the doctor oncall arrived but wouldn't listen to what the resident or I had to say about the problem. The doctor reccommended that a specialist should be called, and then he left.

For the longest time we waited without communication from anyone. I ordered some lunch for the resident, but he wanted to leave and I had a hard time convincing him to remain. I couldn't blame the resident for this as I wanted to leave myself. The emergency medical staff did not seem to be doing anything for us.

Finally, I had the doctor paged, and told him that the specialist had not yet seen the resident. The doctor contacted another specialist, who quickly came and discharged the resident because he could find nothing wrong. This was at 3:00 p.m., and if I had not intervened we would have been until supper.

Why won't doctors listen to the whole story? Why don't they tell patients what they are doing and follow up to see that it is done? The waiting period in emergency is long -- there has to be a way of improving this. If a resident wants to leave, even though he has a background of mental slowness and may not be able to make an informed judgement of the situation - should he be allowed to?

NEVER SATISFIED

Although one of our residents is in a wheelchair with arthritis, she can do quite a lot for herself. Yet she is never satisfied with what others do for her. Today she complained that her windows were dirty, even though they had just been cleaned a week ago. I don't like to keep telling her that the things she complains about have already been done. I'm sure this makes her feel just as bad as it does me.

A BAD FALL

A resident fell and received quite a bang on the head. As I was not familiar with the history of this particular resident, I was very concerned about his health. Consequently, I reported the situation to the proper authorities after making sure the resident was not disoriented.

I AM CONTENTED BUT....

One of the residents I work with is a double amputee. She is usually a very happy and contented lady, and accepts her situation. However, she often gets confused and somewhat uptight. For example, she sometimes takes all the clothes from her closet puts them on, saying that she has decided to go to her sister's place.

ADJUSTMENT!

This 84 year old lady, suffering from obesity and osteoarthritis, was a volunteer worker here until she became confined to a wheelchair. Although she is mentally alert and has a strong personality, over the years she has become very domineering and impatient. She finds it very difficult to accept group living.

Due to a flare up of her osteoarthritis she was put on a lift to get her out of bed, and she seemed to accept this without asking very many questions.

ADJUSTMENT TO LIVING ENVIRONMENT

DON'T SHOOT ME

This resident is a little 93 year old lady. She gets around by herself but only to places where she wants to go. When I try to take her somewhere, such as the dining room, she thinks that someone is going to shoot me. If I put her to bed in her room she doesn't want to stay because she feels that someone is going to come and shoot her. How can I help her get over this fear?

NO ORDERS FROM MY WIFE

I bathe this gentleman twice a week because he does not take orders from his wife when she bathes him. I seem to be managing fine as he does not complain about taking too long and follows orders well. Perhaps there is a communication problem here between the husband and wife.

WHERE AM I?

A 57 year old man suffering from Parkinson's Disease often becomes very confused and disoriented. He used to live in Souris before coming to Brandon, and quite often thinks he is still in Souris. Sometimes he calls for his sister or asks permission to visit a neighbour, both of whom live in Souris.

I try to explain to him that he is living in Brandon now, but he usually thinks that I'm just fooing him. Quite often he will walk around and comment on how much "Souris" has changed. Sometimes he even cries. I really don't know how to handle him or convince him that he doesn't live in Souris anymore.

HOME, SWEET HOME

This 80 year old woman is living on her own and feels she is managing well, but her family worries about her and would like her to move into a senior citizen's housing site. However, she can't bear to leave her home which she has lived in for 50 years.

If she were to move into a smaller residence, there would not be enough room for all her treasures, and she would have to sell some of her furniture. She refuses to have a homemaker because that would be "sponging" off the government, and she won't pay for one herself since that would be too extravagant. I don't know what to say or do in a situation like this.

MOVING AND CONFUSED

A resident who is moving to another home is in a state of confusion. She doesn't know whether to cry because she is leaving or become excited about moving to a new home with more activities. We try to highlight the activities in the new place to keep her from feeling so sad.

She also doesn't know whether she should help us pack her belongings, but we let her know that we like packing for her and that it is no bother. This lady tends to be confused about a lot of things during a normal day and becomes very repetitive. Sometimes I don't know what to say.

GOODBYE, MY LOVE

This woman has just placed her husband in a personal care home as she can no longer care for him at home. They had lived together for over 45 years. She is feeling very lonely, depressed, and extremely guilty over her decision and nothing I do or say makes her feel any better.

She also has a double hernia and has a hard time getting around so she usually stays at home. Her only daughter lives in British Columbia, and since she doesn't drive she has a hard time finding someone to take her to visit her husband. I am not sure how I can offer her more help in this situation.

WHAT DO YOUR ADVISE?

One of our residents was very disoriented and depressed today. She complained that all her family were away, and that there was nothing to do. In fact, she felt that she was going to go crazy. When she asked me for an opinion on what to do, I told her to try and get out of her room and talk to some of the other residents. However, she did not seem to like this advise.

TAKE ME HOME

This resident is in a nursing home because her family is unable to look after her. Since she wants her family to take her back, she acts in a negative manner in an attempt to be thrown out of the home. She feels very sorry for herself and is unwilling to accept her present situation. Although she seems to have little insight into her problem, she is well aware of the power of her manipulative behavior and knows exactly who she can strike out against.

SWEET AS PIE

When this resident is put on the commode, she yells and screams at me and the aide, saying: "Don't take my clothes off. I'm going to kill you," or "I hope I don't meet another outfit like you". She gets so angry that she starts to kick us. As soon as her family arrives her personality changes and she is "as sweet as pie". What do we say to someone like her?

I AM ALL ALONE AND BLUE

Today a new resident was admitted to our personal home. He is a tall sulky 80 year old male who is confus disoriented and aware that there is a problem with his mind. He originally came from Poland, but since his wif and family didn't come over with him, he has no family with him now.

At bedtime he became very ornery, subborn, and diff to reason with. He woke up one of the other residents who stayed awake all night because she was worried that might hurt on of our staff. I became a bit fearful beca I couldn't settle him down. I hope that he will not act this way again, as I am not sure how to handle him.

I AM BEING POISONED

An 82 year old man, confused at times, insists that the pills and food are being poisoned. He refuses to take any medication and frequently refuses to eat. Consequently, he has been losing weight continuously, now over 40 pounds, and is very thin. Because he is very sick and weak and shaky from the lack of food, he believes that this is proof of poisoning. I am very confused about this man.

ROUTINE IS QUEEN

This lady can't bear to have any change in her routine. Her bath is taken at a certain time, her pills are to be given to her at the exact minute, and coffee or lunch is to be served a the proper moment. She rings her buzzer three or four times at approximately the same time every night and says such things as 'can't sleep' or 'rub my legs'. She also asks questions about the weather and who is on duty and sometimes demands her pills or a drink of hot water.

One night this week I put her on the spot by saying "Why do you always ask for things? You know we can't give you anything." She really didn't know why she keeps asking for things but she did say:"I miss my home and family".
I talk to her sometimes and know that she isn't senile.
I would really like to know how to help her.

THE DAY IS NOT MY OWN

This lady feels she is being pushed around because she is told when to eat, when to bathe, and when to rest. She feels that there are too many pressures put on her and that her day is not her own. Otherwise, she is quite content with the food and activities.

TAKE ME HOME

This patient, who was admitted with bronchitis and pneumonia, doesn't want to stay. She needs assistance to walk and is very hard to manage, especially since she wants to go back home.

I CAN'T SLEEP BECAUSE ...

This resident has just moved in and cannot sleep. He is very angry and loud, complaining that the devils in his room keep him awake. He says that he chases one devil out but another one comes in. He is very upset.

I AM LEAVING WITH OR WITHOUT MY LEGS

A resident with two artifial limbs walked out of the lodge one evening after one of the aides offered to help him straighten his limbs. He was found sitting on the corner church steps, his limbs twisted and no longer able to hold him up. An aide offered to help him back but he refused. One of the workers went back for a wheechair and, after some persuading, he came back to the lodge in the chair. This resident can get very aggressive and snarky so he has to be handled with kid gloves. I don't always know how to approach him.

THE FOOD HERE IS TERRIBLE

This resident is always complaining about the food and I don't blame him. I wouldn't feed that food to a dog. I wish the home would hire someone who really knows how to cook. It would be nice if this resident could go out more often for dinner.

WHY DO YOU CARE NOW?

I was just coming back from my morning coffee break when the secretary at the front desk told me that one of my residents had gone outside again. I called to the resident, but he ignored me. When I caught up with him I asked him where he was going. He replied,"Why is everybody so concerned all of a sudden? For six months nobody gave a damn. At the other rehabilitation centre I could go where and when I pleased." By this time the head nurse was assisting me as well. At this point the resident said he was going to stampede the grounds.

IT IS THREE O'CLOCK AND ALL IS NOT WELL

Today a new resident was admitted. It is now 3:00 am. and he still is not sleeping. He says the devil keeps coming into his room. What can I do to help him realize that there is no one coming into his room?

I HAVE TO LIVE HERE

One day a resident came to me very frustrated and upset, and as he told me about his ordeal he began to cry. Apparently he had tried to hail a taxi at the bus depot in order to get to his hometown and his old home. However, since he seemed confused, the taxi driver had told him to 'take off' and go home.

I listened to his story and explained his present situation to him, emphasizing the fact that he had to live in the nursing home. Eventually he calmed down and thanked me for talking to him and settling his nerves.

I NEED THIS TO SURVIVE

This resident has been with us for over a year. He looks after himself and has no difficulty walking, but his mind doesn't function very well at times. He always carries with him what he calls his detector - a piece of string with a little metal object hanging from one end.

He takes this detector with him to the dining room and swings it before he drinks his milk or eats his meat. If it swings in a certain way he will drink his milk but if it swings in a different way he won't touch it. He will never eat his meat. I am not sure what to say to this resident about his detector because he really believes in it.

SHOULD WE TELL HER?

A relatively new resident kept trying to run away and go 'home', so I had to lock the front door. However, when I let another resident out, the new resident reproached me and asked me why I wouldn't let her go and see her parents, whom she missed terribly. She also said that her husband would be waiting for her. All of these people have passed away, her husband within the past year, and I am not sure if she has been told about these other deaths. Although she is somewhat confused, she still might comprehend some of this and feel more contented to stay in the home.

124

LIVING LIFE NORMALLY

This Ukrainian lady does not like to do crafts but does enjoy baking, peeling vegetables and making perogies. She prefers to do this on a one to one basis with me, since she doesn't like a lot of people helping or watching her. I helped her with the perogies for awhile but she began to feel that all the profits from the perogy sales went to me. I couldn't make her understand that the perogies' profits would go towards the lodge. I also tried to tell her that she wasn't working for me but helping herself, and that by doing these activities she was living as normal a life as possible.

MY HOME IS A HOSPITAL

A lady in the day care program has a problem with reality sometimes. When this happens she gets upset with everyone and usually gets up from where she is sitting, walks to the other end of the building, and sits down to wait for me. When I go to get her she cries and says we have changed things aroung to make her home into a hospital, even though she if very familiar with this area. Although she is still in the same frame of mind when she goes home, she does not mention the incident when she is picked up and everything seems fine. What can I do to keep her oriented?

THE PAST IS NOW MY PRESENT

This elderly lady speaks clearly but is quite deaf. She often lives in the past at a time when her country was experiencing severe political unrest and her children were little. This evening she insisted she had to go outdoors to find two young children. There is no way to reason with her as she cannot hear. How can I reassure her and bring her to a more restful reality? How far can I let her wander by herself? When is forced restraint justified?

RELIVING THE PAST

One of the residents, who has lived in the home for almost two years, got into a crying spell today, even though a few minutes earlier she was her usual self. When I asked her why she was crying, she said that her husband hardly ever came home and that they were trying to sell their house.

Although I talked with her for about an hour, she remained depressed. It seemed as if she was reliving her past life right now and no one could get her out of it. By the end of the evening she was still crying and, although she knew where she was and was in no pain, she just felt that she was getting more and more depressed. I don't know what to do in a situation like this.

SUCH A LONG DAY TO BE ALONE

An elderly male has been with us for a few months. He walks with a walker and is alert, but is not much of a talker. He spends most of his time alone in his room, watching television and going to the bathroom. When he does mingle with other residents, as in the dining room, he annoys them by 'shaking his fists' and 'shaking his head'. No one knows the reason for this behavior, but it is no longer 'cute'. How do I get him out of his room to mingle with the other residents? It seems like such a long day to be alone.

THE CHESHIRE CAT

One of our ladies has quite a few crying spells. Today, when I asked her what was wrong, she stopped crying and started to smile. When I then asked her why she had been crying, she said she didn't know why the other people were crying. I put her in the sitting room with the other residents so she could talk and listen to them. However, a little while later she was crying again. I again tried to discover the problem by asking her if she had any pain. She said she wasn't in pain and just started to smile again, saying funny remarks. She would not admit that she had been crying. I am not sure what to do or say in a situation like this.

WHERE DID SHE GO?

Because this resident is usually well-oriented to time, place and person, she feels she could live independently once more in her own home. However, before her admission to the personal care home, she had to have someone stay with her at night.

She enjoys quilting and other needle work, but is quite certain that she has purchased the sewing material herself for a special purpose, when in fact the material comes from the activities' department. Sometimes she may also unexpectedly cut up some work she has spent considerable time in completing.

The latest problem was the day she disappeared and could not be found in the home. Neither she or her family had reported that she was leaving and she was not known to wander and get lost. Were we to assume she was with family or friends? Should we have phoned relatives, possibly causing unnecessary panic; or should we have just waited, allowing her the same freedom other adults are usually accorded to come and go without stipulation?

DON'T COMPLAIN TO ME

While taking her analgesic from me, this resident stated that she was upset with another staff member who had been with her when she fell the evening before. She indicated that she felt the staff member did not know or perform her job well. This resident should know better than to complain about staff in front of other staff. I felt uncomfortable but I let her express her thoughts.

CRYING AS A WAY OF LIFE

One of the female residents cries continually day and nights, no matter what I say to her to make her feel better. I have to keep guessing as to what is bothering her. The staff tries all kinds of different methods in order to settle her down, but she just keeps on crying. She does settle down when she is put to bed, but this is only for a short period of time.

I AM NOT A BABY

This resident is of sound mind, wakes with no assistance, and is quite capable of doing things for herself. However, she refuses to take a bath. She says she is not "a baby", hitting me and swearing to make sure I understand her. Since she does not wash herself properly, she needs assistance with her hygiene.

I AM VERY DEPENDENT ON YOU

This elderly lady is very dependent on her husband, who was recently admitted to the hospital with cancer. She also has problems with her hips, both of which have pins. I go to her home once a week and do some light housework to make it easier for her. Now she has become very dependent on me and has reached a crisis, not knowing if she is coming or going.

I discussed the seriousness of her problems and her sudden depression with my supervisor, who asked me to visit her for three hours, twice a week, to take care of light meals as well as the housework. Since she knows I will be with her every Tuesday and Thursday, her depression has lifted and she has even tried to help me out with some of the chores.

PRISON LIFE

Although this resident is usually quite confused about things, she does seem to have an understanding of what people say to her. My problem is that she becomes extremely irritable when I try to curb some of her activities that are not correct behavior. For example, she will be calmly eating her evening snack when all of a sudden she will take someone else's snack or pour her milk all over the table. If I nicely ask her not to do that, she becomes agitated and tells me off, going off on a tangent.

When I take her to bed about ten or fifteen minutes later she will ask me to take her to visit her daughter because she feels she is living in a prison here. She believes she can't do anything she wants to do because we are always saying 'no' to her and regulating her life. I tell her that perhaps her daughter will come and visit her, and she calms down a little.

BEDTIME IS FOR SLEEPING

Although this resident usually gets himself ready for bed, he will get back out of bed and dress himself again only a few minutes later. He seems to be confused about the time and will not listen to me or follow instructions. This issue is complicated somewhat by his daughter who visits him regularly and keeps changing his routine and what he should wear. The evenings are difficult because someone must try and explain to him that bedtime is the time for staying in bed, not for getting up and getting dressed.

ESCAPE TO FREEDOM

This resident managed to sneak out the front door even though both of his artificial limbs had been removed for the night. The staff are used to seeing him going to the nurses' desk once or twice an evening for a drink, so they noticed nothing out of the ordinary. However, the people across the street saw him tip his wheelchair over in the driveway and brought him back to the lodge.

WHEELCHAIR WILLIE

Tonight one of the residents went by the front desk in his wheelchair and, since this is a frequent occurrence, the staff paid no attention to him. A few minutes later a neighbour from across the street pounded on the main door and told us that one of our residents had fallen over backwards in his wheelchair. By the time a staff member had reached him, the neighbour had put him back in his chair.

Although there was a small abrasion on the back of his head, the resident was quite unconcerned about the episode and thought it was a joke. He was wheeled inside and put to bed, sleeping the night through. The next morning he wanted to take off out the front door again.

I SPEAK NO ENGLISH

One of the resident was extremely upset today. Beca she speaks very little English, she had even more trouble expressing herself in her state of agitation. Her husband is still living out in the community, and this may have ma her feel down.

WHERE IS MY MONEY, HONEY

This lady who does not look after her own financial affairs, worries about the fact that she does not get to handle her pension check. She says she has to but more clothes for herself and wants to make sure that she has enough money for her funeral.

I LIKE TO SNACK

One of the residents, refusing to come out her room for supper, undressed herself and crawled under the covers. Since she always has a 'big' afternoon snack, she usually is not hungry at suppertime. I brought in her medication around 5:00 p.m. and she swallowed it without any difficulty. However, at 8:45 p.m. she came to the front desk and wanted to eat supper. I asked her to sit down in the lounge and wait for a snack.

WHO STOLE MY BLANKETS?

This resident thinks that someone went into his room and took all his nice sheets and blankets, leaving him with inferior ones. He says: "I know they were here tonight. They came while I was sleeping and took them away. I will have to get a lock for my door." I do not know how to convince this resident that such an event did not happen.

PACKED AND NO WHERE TO GO

This resident is old and doesn't remember things very well. When I came to his room he was all dressed up in his coat and hat, ready to go. His clothes were either on his bed or in a suitcase. He told me he was packing his belongings because his family was picking him up in a little while. I did not know what to tell him.

NO MONEY

Our most recent admission comes from another province and has a number of problems, which I believe stem from the lack of money. He needs new dentures, glasses, new clothes and other such necessities. We are looking for assistance from welfare but all this takes time.

A NEED FOR COMMUNICATION

This resident, a schizophrenic type of person, is very hard to handle. She is weepy and always asks me the same questions whenever she sees me. She also yells and swears and says that I don't like her. I really find it hard to communicate with her when she getslike this.

WHY WON'T YOU TELL ME?

Earlier today an aide took this resident out of the home for a doctor's appointment. When they returned, the aide's work for the day was finished and I relieved her. Not long after my shift had started, the resident dressed himself again in his outdoor clothes and tried to leave the home without supervision, a rare behavior for him to exhibit. Upon asking him where he was going, he replied:"Back to the doctor. There must be something wrong with me."

Since the aide who had taken him to the doctor had not given him this impression, he was probably upset because no one had told him about the results of his examination. I had the hardest time trying to convice him that there was nothing wrong. I don't know what to tell a resident who has been to see a doctor and doesn't know the results. Can an aide really know if the resident is well when the doctor doesn't say anything? How much can I tell the residents about their health?

NO ONE CARES

I went into a resident's own room to make her bed, and found her lying on it under the covers. When I asked her if I could make the bed she became furious and stated, "Why bother? Nobody else in this damn place bothers. Just leave me alone." I told her that I was not just "every body else" and that I was going to make her bed. She proceeded to use vulgar language, but I just made the bed and left the room.

WHERE DO I EAT?

This resident has a difficult time finding his proper table at meal time, usually sitting in someone else's place. However, this isn't a problem because I simply assist him to his own table and he is quite content. He just seems to need some supervision.

LET'S DO THAT AGAIN

This resident can be very cooperative and easy to work with, but sometimes she needs a lot of verbal directing. At times she has even given me a great deal of trouble, especially when I set and dry her hair. If I don't watch her, she may leave the hair dryer and take out her curlers before her hair is dry. If that happens, I have to recurl her hair and place her back under the hairdryer with the hope that she will stay there.

She also complains a lot and after threatens that she will never come back. She can certainly say nasty things, but I should expect this when I work in geriatrics.

WHEELCHAIR MENACE

We have quite a few wheelchair residents, and two in particular don't see eye to eye. When their wheelchairs collide they exchange angry words, each one blaming the other. By explaining to them that wheelchairs are sometimes difficult to handle and that accidents can happen to anyone, the situation seems to solve itself. We assist them to where they want to go and they soom forget that there was any problem at all. If I anticipate a problem, I assist them to the table and all is well.

MEALTIME COMPLAINER

One of the residents leaves all her complaints until mealtime and I feel that the dining hour is not a proper time to air problems. It upsets the residents in the dining room who are trying to have a nice meal. I tell the complaining resident nicely and quietly that mealtime is not the proper time for her complaints, but she doesn't listen. How can this problem be solved?

LET'S GO BACK IN TIME

This 82 year old resident is very confused. She tries to leave the building and go "home" to take care of her children. A person-to-person talk, possibly with a cup of tea, seems to handle the problem. Sometimes extra sedation is necessary.

IDLE AND LONELY

This 88 year old lady is really on the go for her age. She takes long walks, and two days a week she goes to the nursing home day care and enjoys it very much.

Although she has poor eyesight, her greatest problem is loneliness. She lives alone in a small house without indoor plumbing and is very pleased to have company. She misses her son who lives in Winnipeg, and was very worried about hishealth a while ago when he was not too well.

Sometimes when I visit I know that she has been crying. One of my jobs is to try and cook her a meal but most of the time she will not allow me to do it, saying she has already eaten some cookies. She is most depressed during the days and evenings when she is idle.

MISTAKEN IDENTITY

A resident mistook me for another person he knew from his home town and was determined to travel with me to his original home when I went off duty. I tried to explain to him that, although I was related to the person he mentioned, I lived in the city and was not from his home town. The problem of mistaken identity is a common one for me, but it was very frustrating for the residents.

GLOOM AND DOOM

This resident is a manic depressive. In her depressive stage, she feels everything is wrong. She becomes physically less active, lacks the desire to socialize, and suffers low self-esteem. Sometimes it is difficult to know what to say, especially when she talks about not having seen her daughter for a long time.

When I work evenings I make every effort to have our nightly talks. I show sincere interest in her and her problems and always use an optimistic approach, encouraging and assuring her that this stage will soon be over. Lately she also requires a little help in straightening her room.

BLACK WATER

This resident says he can't drink the water that comes out of his tap because it is black. He gets his water from one of the other resident's room because he says the water there is good. We have checked the water in his room and there is nothing wrong with it. However, there does not seem to be any way that we can get this through to him.

POISON, POISON EVERYWHERE

An 82 year old man has accused the staff and another resident of poisoning his food. Consequently, he eats very little and is slowly losing weight. He gets very confused, and if I try to reason with him he becomes extremely upset and threatens to walk out of the home.

The doctor has discontinued his pills since the resident feels that they have been poisoned as well. He only asks for one kind of pill, which is red in colour. This is unusual because he refuses to eat anything else that is red. He believes that red things will burn a hole in his stomach and that the hole will continue to open once it is started.

The staff tries their best to get him to eat his red meat and to eat more of what he does eat. Family and friends sometimes come to visit him, but everything he says seems to be exaggerated and untrue. Trying to reason with this resident is frustrating for everyone.

THE MORE I GET, THE MORE I WANT

This resident is able to stand and transfer herself to and from her wheelchair, the toilet, and her bed. However, she refuses to do these things by herself when new staff is on. She also seems to want a lot of attention, but when she gets it she becomes very demanding. She cries when a staff member doesn't give in to all her demands, and it is especially hard on staff members who don't know her.

Her family are very nice and understanding and will do anything for her, but she thinks they just visit so they can get her house when she dies.

DEATH AND DYING

DEATH AS THE END

This lady originally found it hard to accept the fact that she had to live in a personal care home. Now she realizes she couldn't have managed any longer on her own and accepts her present situation very well.

Although things are pleasant for her, she feels "something is missing". She doesn't complain or cause trouble but she's depressed. Living in a personal care home signifies to her the final step in her life. Since she believes she can no longer contribute to society she feels she is just putting in time before she dies. Her daughter died of cancer, and at the time she was angry that God hadn't taken her instead. She talks about death a lot now with a positive attitude, and I know it is a good sign that she talks about it. She spends a lot of her day looking out her window, reminiscing about old times and happy memories.

There must be something we can say or do to make these people happier for their last years with us. It seems as if society has made these people feel that, unless they are young and active and working, they are nothing. I have trouble knowing how to comfort these people.

I GIVE UP

This resident's condition is very poor and she is expected to pass away any day now. She does nothing for herself any more and requires complete care. She needs continual encouragement to take in any fluids, as her fluid intake is very poor.

TIME TO CARE

I'm in charge of approximately 30 residents, making sure they are looked after properly. This evening a female resident is dying and her family has seldom visited her. The nurse's aides are busy with routine work and I have my paper work. I wish we had more time to care for this resident.

A MENTAL AND PHYSICAL LINK

This resident is a fairly well-adjusted elderly gentleman whose wife lives in another nursing home. He visits his wife quite frequently, but lately he has been very moody and depressed. He does not respond to humour and he continually states that he is the next one to die. Since he presently has bilateral pneumonia, I am sure his physical condition affects his mental state. Once his physical condition improves so should his mood.

LET ME SLEEP FOREVER

I tried to get a resident up for lunch but he just wanted to stay in bed and die. I couldn't let him do that and eventually I persuaded him to get up. I do not know what to say when they want to die.

LEFT BEHIND

A husband and wife entered our nursing home together but the husband passed away about a year later. The wife now spends a lot of time talking about him. I work on reality orientation with her, but I feel so hard and cold when I tell her that her husband has passed away some time ago. If I were in her situation, I wouldn't want to be reminded. However, I have to make her see reality.

SLEEP IS NOT FOR ME

This patient suffers from insomnia. She will sleep for one night and then lie awake for the next three, taking occasional naps. The patient's husband died three weeks ago and she is now fairly restless and confused. She will listen to me when I talk to her but she is not really taking in what I am saying.

LIFE IS PRECIOUS

While I was making the evening snack a resident began crying about the 'failing' mental and physical abilities of another resident, although she herself retains all her faculties. I believe that another normal incident involving the 'failing' resident had contributed to this situation. This other resident had removed her teeth and then cried because she couldn't find them. When I asked her if they were in her hand, which they were, she cried, "No! No!" and let them fall into her lap. She kept on crying and couldn't understand my words of direction. She wanted me to wipe her hands but, when I did so with a towel, she pulled the towel away from me and rubbed her hands as if to wash them.

When she was calm and reassured, I left her to make the evening snack. This was the point at which the first resident began to cry. I tried to tell this resident my opinion by saying: "Really, when we cry for another person we are crying for ourselves, for the loss of a friend or things that were precious and important to us." I asked her if she didn't think that this resident was fairly content in her reality, but she didn't agree or disagree with me. However, she did stop crying, so I finished making the snack and served it. I still feel, though, that she needs to talk to someone who can help her deal with her feelings.

WHAT IS THERE FOR ME TO DO?

An elderly man who has lost his wife still lives at home, but his two sons are not too keen on looking after him. He constantly complains to me when I work with him, saying that he is bored with life and feels very closed in. He wants to get out a little, but his feet bother him and he doesn't have a place to go anyway.

I talked to my supervisor who in turn spoke to the social worker, and within a few weeks the gentleman was enrolled in a day program in a nursing home. Every Monday he is picked up and taken to the nursing home for the day, where he participates in the activities offered. I work in the home as a volunteer for the activities, and I have seen a great change in him. He seems to be really enjoying himself and looks forward to the next week. This makes his time go by faster. He is very grateful for the help and care he has received.

MURDER, SHE CRIED

I think this is a rare case, but it did happen. I cook meals for a couple in the Home Care program. The wife had a slight stroke and then got a bad dose of diarrhea. I made sure my cooked meals were suitable but the next time I came she still had the diarrhea.

I called the social worker and we tried to determine why this was happening. The doctor said her stroke should not have made her incontinent, so I sat down with the wife and questioned her about her eating habits. One thing she liked to eat were chocolates. She showed me the box her husband had given her and said that she ate these all day. It was actually a box of Ex-Lax.

I asked the husband if he was aware of what his wife was eating and he said he was. He also said that he did as he pleased with his wife and that "it's the best chocolate in town for her". It was silly of me not to disagree with him. However, I phoned the social worker and together we flushed the Ex-Lax down the toilet.

The woman's daughter was informed of the situation and she moved her mother to the municipal hospital for a short period. Meanwhile, the husband died. The lady went back to her home and I began to cook for her again. She and no more problems and even began to put on weight before she died about a year later.

The conclusion of this story is that the husband was slowly trying to get rid of his wife. She was a very kind soul and had admitted to me that her husband had been very cruel to her. Surely this was a very odd way to go about killing someone.

A LONG ROAD TO HOE

I still remember an experience I had about six years ago while working for Home Care. I was assigned to several people in one building, but this particular lady was not initially my client. I noticed her because she was a very nice lady who was quite depressed. Her husband had died two months earlier and she had no family.

My supervisor and social worker, knowing my personality and sense of humour, suggested that I work with this lady twice a week and gradually encourage her to get out for walks or car rides. I talked with her for a couple of weeks and finally persuaded her to go for a walk with me. I then tried to get her to come with me to a shopping centre. She balked at that but finally agreed to go for a short car ride. I figured we had made some progress, so I felt I could go one step further. Consequently, I took her out for a treat the next time and she enjoyed it very much.

This paved the way for our subsequent outing to the shopping centre, where she bought a pair of shoes and some clothing. We went to the shopping centre a few more times and she started to open up a little more. Eventually some friends of hers asked if she would go shopping with them, and she agreed.

It had been six years since I last worked with her but I occasionally drop in to see her. She is still doing well. I could relate to a lot of her problems and she became very close to me. The worst part of her problem was her bad state of depression and her inability to get herself back on the road again.

I DIDN'T SAY GOODBYE

This resident began to cry while I prepared her for the nights. "Are you feeling low?" I asked. "Yes," she said, "my friend died suddenly and I didn't have time to visit her in her room."

I DON'T WANT TO WORK ANYMORE

This elderly gentleman worked very hard in his younger years and seems well oriented now. However, he will periodically comment that, since he has worked so hard all his life, he doesn't have to work anymore. He seems to have very little motivation left for living.

This evening I gave him his medication as usual, and stayed with him until it was in his mouth. Later, the dining room staff found what looked to be his medication, still intact, but showing signs of having been moistened. How can I help to restore in him a little more interest in living?

COMMUNICATE, PLEASE

A male resident who has had a stroke is very depressed. He feels that he is a burden to his wife and family because they must visit him. He also believes he is no longer useful and is tired of his crippled body. This man has difficulty expressing his feelings to his family, and his family has trouble sharing with him. He is very unhappy since neither he not his family can communicate with each other.

SWEET MANIPULATION

This lady can be very demanding of my time, particularly with little things. I realize they are important to her but I can't neglect my duties with other people to accommodate her. I try to explain to her that there are other things I must do first and that I will get to her later when I am not so pressed for time.

However, she has a way of saying things that makes me feel guilty, and I give in to her demands. Later I usually find out that there was something more important that I should have done. This lady practises a nice sweet type of manipulation.

I KNEW THIS WOMAN

I knew this resident before she came to live in the home. When she sees me now she wants me to do things for her, such as take her to the bathroom or put her to bed. I try to explain to her that I can't help her in that way since I am not on the nursing staff, but I don't think she understands. I think she feels that I should help her because she knew me before she came here.

HELP ME TO BATHE

I bathe a person who is usually able to do things on her own. She can walk and move her arms, but she insists that we dry and dress her. What can I do in this situation?

I AM RIGHT AND YOU ARE WRONG

This resident, an ex-mental patient, complains and argues a lot and tries to tell me what to do. Her attitude towards others is very poor. Today she tried to tell me what pills she had to take as she was positive that I was giving her the wrong medication. When I corrected her she felt I didn't care and wished she were dead. How can I get through to her that I care and have here best interests at heart? I am just not sure what to say in this situation.

MY SOCKS ARE MISSING

This new resident sent her husband to the laundry room to look for her socks. She has been here three weeks and has somehow lost six pairs of socks, all she owns. None of her socks could be found in the unmarked clothes bin. What happened to them?

I WANT AN OPERATION, PLEASE

When I walked into this resident's room at 10:30 a.m., I found her undressed. Upon asking her for a reason, she replied, "I'm getting ready for an operation." I asked her to get dressed again but she refused, so I had to dress her myself. Although she finally cooperated with me she didn't forget the episode and was still determined to have an operation. This dear little lady is usually not so confused about things.

BREAD AND BUTTER FOR MY SUPPER

This resident came out of her room and asked for something to eat, saying she had not eaten for a long time. I told her it was only 4:00 p.m. and that supper was not until 5:30 p.m. However, she kept insisting she wanted some bread and butter.

POOR DAD

A male resident refuses to be put down for an afternoon nap but he tells his family that the staff are mean to him and won't let him lie on his bed for a nap. This really bothers me because the man's family come in and say, "Look at poor Dad sleeping in his chair."

RESPONSIBLE FOR DAD'S CARE

This elderly gentleman is becoming increasingly forgetful. His daughter is very protective and needs to feel responsible for all the details of his care. She finds it hard to understand how such things as articles of clothing can become misplaced. This morning the ear mold for his hearing aid got lost and no one was able to find it. Without it, this gentleman cannot hear. How will his daughter cope with this situation? How can this situation be handled?

WHO FORGOT TO MAKE MY BED?

When the beds were being made one morning, this resident's bed was overlooked because it appeared to have already been made. The next day the resident said she had been forced to sleep on top of her sheets because the staff were 'so lazy and uncaring that they wouldn't turn down my bed'. She kept telling this to each resident or visitor who would talk to her about it.

Although I never said anything to her, I felt very frustrated because she has her call bell cord right beside her hand. She never hesitates to use it when she needs and analgesic, but she wouldn't use it for this request. She seems to enjoy acting like a wounded puppy all day since she received a lot of attention from people asking her why she looked to sad.

INAPPROPRIATE SOCIAL/SEXUAL BEHAVIOUR

PUBLIC PROPERTY

This resident creates quite a commotion. He swears a lot and enjoys touching the chests and rears of the female nursing staff, much to their consternation. I believe he is a lonely man who wants attention and I advised the nurses to spend more time with him.

He also does a lot of masturbation which we told him is fine as long as he does it in the privacy of his own room. This behavior has somewhat improved, although he is still a concern. I have difficulty in knowing what to say or do in a situation like this.

WHERE ARE THE TEASPOONS?

This particular resident has a great need to take things and hide them in her room. This usually involves teaspoons off the dining room tables. She gets very upset if I try to take them from her, as she says she needs them for company. I find that if I let her take them to her room, she doesn't get as upset and the spoons are returned to the kitchen eventually.

CLOTHES ARE FOR ADULTS

This resident has a hard time accepting reality, confusing the past with the present. One day she came out of her room completely undressed. She was taken back to her room and-helped to redress by one of the staff. When questioned about the reason for her actions she explained that she had cut all her hands off in Winnipeg and had drained all the blood from her body. She has to realize that what has happened in the past is over and that she must learn to carry on in the present.

BROTHERLY LOVE

The brother of a resident called me to the lounge and said: "All I wanted to say was that he has a problem. I can smell his penis ten feet away." I explained to the visiting brother that if he had a legitimate complaint he should have spoken with a nurse privately rather than expressing such concerns in front of other residents.

I pointed out that he had only succeeded in embarrassing his brother. The visitor then stated that he was going and left without any apology to the resident. As a result, the resident was very upset and uncooperative towards the nursing staff for the rest of the day.

RAGS AND RICHES

This resident is extremely confused and has frequent periods of weeping. Her husband, who visits her three or four times a day, is the main problem because he takes her away from her new clothes she receives from other family members. Consequently, she has nothing to wear, especially since she requires two to three changes of clothing a day. What clothing her husband does leave has so many holes and tears that it doesn't look good at all.

He constantly asks us about the clothes he thinks are getting lost in the laundry. These clothes actually do come back from the laundry, but when I try to tell him this he develops selective hearing and I can't get through to him. If he does listen, he starts telling me about all the influential people in his family who are in the medical field.

He is also constantly telling us how much money he has in the bank because he has been so 'cheap' all his life. Today, after three months of this behavior, I finally reached my limit and became angry with him. A few other staff members have done the same. I told him that, considering they are both in their 80's, he should start spending some of that money he has because it isn't fair to his wife to wear rags until the day she dies.

He has also started going into other residents' rooms, supposedly to look for his wife's 'missing' clothes, and a great deal of the other resident's clothing is disappearing. About two weeks ago I found him trying to leave with another resident's afghan, given as a present to that resident. When he was stopped, the husband tried to tell me that it was his wife's. Since every staff member knows exactly what his wife has in case he tries to use that line, I knew she didn't own this afghan. I get so irritated with him because the only way to stop him is to talk to him loudly and firmly. Sometimes I think he will run away with anything that is not nailed down.

FALLING IN LOVE

This lady is in her 80's and is very confused and forgetful. She also becomes very hostile when I try to perform the necessities of life such as taking a bath or cleaning and cutting her nails.

However, she has fallen in love with one of the elderly gentlemen and is aggressively 'going after' him, such as getting into his bed and so on. He does respond to her, holding her hand, and hugging and kissing. This is very sweet at times, but of course our other residents get tired of all of this and want us to do something about it. I don't really know what we, as nurse's aids, can do about the situation. They are in love, and if we separate them they become very angry at us.

FEMALES FOR THE TAKING

A male resident, who suffers from confusion and is diagnosed as having cerebral arteriosclerosis and diabetes, took a female resident to his room and removed her clothing. The female, who has organic brain syndrome, is quite unaware of things and does not say much except 'yeah' in answer to questions. The staff had to restrain the female to prevent any further incidents, but she now has limited mobility.

The male resident often bothers other females and wants a 'woman' frequently. Except for his confusion, he is in fairly good physical condition. This entire situation is frustrating and embarrassing.

MINE, MINE, ALL MINE

This resident is always 'lifting' other residents' things such as towels, kleenex and afghans. She insists that they are hers, and has often taken the name tags off these items and sewn on her own. I feel frustrated when I cannot get her to see that these items are not hers. I also feel guilty for checking to see if these things are in her room when she is out.

NO SPITTOON FOR ME

This resident, confined to a wheelchair, usually keeps to herself. However, she has the bad habit of constantly spitting on the floor around her and she tendsto be very stubborn about it. Since no one can reason with she, she poses quite a problem for the staff.

HIGH ANXIETY

A schizophrenic female resident was completely beside herself one day. She was rolling around on her bed, swearing, which she never does, and sweating profusely. She was absolutely terrified because she felt she had stolen someone's money. No amount of talking could settle her down. I finally had to give her a needle to calm her.

She had been having spells of anxiety lately but not as severe as this one. I felt upset that her physician, although notified several times, had done nothing to alleviate her symptoms. I am concerned that she has not received as much attention lately for her various complaints.

HE IS THE CULPRIT

This female resident has a husband who is not a resident of the lodge, but they both suffer from disorientation and confusion. The problem is that the husband will take his wife's things home because he feels she doesn't need them. For example, today a staff member saw him take his wife's glasses. When she asked him why he was taking them, he replied, "She doesn't need them and if she breaks them I'm not buying her a new pair". He had no intention of telling the staff about the glasses, and the staff would have wasted valuable time looking for them in the lodge. I have spoken to the husband about this but he doesn't listen. What can I do?

THE PAST IS NOW MY HOME

This 87 year old resident is often in a semi-confused state. She never forgets people, especially from her past, but she forgets what people tell her. For example, she has forgotten that she lost her husband last August, and she keeps asking to go home to her parents, who are no longer living. She likes to go after the male residents, wanting them to marry her and take her home. However, if her family takes her home she wants to come back to the lodge.

She walks with a walker and continually tries to get out of the front door. It is very hard to bring her back as she fights us all the way, calling us names, slapping, and scratching. Although I have known this lady all my life and even sang for her as a little girl, which she remembers, she will still sometimes attack me personally. However, she can also be very sweet and kind, loving us all. She will even call me from afar to come and help her, which does not go over to well with the rest of the staff.

MORE APPLE JUICE?

This resident is always asking for more apple juice. Today the head nurse told us that one of the aides had gone through the resident's cupboard, with her permission, and had found several full containers of apple juice. We were told to give her less apple juice in the future.

When I gave out the evening snack, this resident had already drunk one full glass of apple juice so I gave her another full glass and half a pitcher. About half an hour later she demanded another full pitcher, since she had no juice left in her old pitcher. When I asked her what had happened to the juice, she accused somebody else of stealing it. This was highly unlikely because she was in her room all the time, and if she had left it, she would have locked the door.

She had never drunk this much juice in half an hour; usually it last about 24 hours. I looked into her cupboard but couldn't find any juice, and talking to her didn't seem to help. She simply accused the nursing staff of calling her a liar. I am not sure what to do or say in a situation like this.

THE FORGETFUL PROWLER

A 77 year old resident, who is very confused and disoriented, prowls around for most of the night. She seems to sleep very little and appears to be in a stupor most of the time. She is given a sedative often because she would otherwise be always on the go. She also receives reality orientation. Her family comes to see her quite often but she sometimes doesn't know who they are. On rare occasions she does remember some of her past. Several times she has walked out of the home, and once in the middle of winter she slipped and fractured her wrist.

On her good days she is a lots of fun and the staff takes advantage of it. They dance with her and play shuffleboard, as she used to be a shuffleboard whiz many years ago. She enjoys both of these activities, and it is one of the few ways by which the staff can communicate with her.

THE MIDNIGHT WANDERER

This evening a female resident fell asleep in a chair around 9:00 p.m., as she had been given a sedative. We finally tucked her into bed around 10:30 p.m., but a few minutes later she was up wandering down the hall and going into other residents' rooms. This lady is usually up most of the night. Although she is tired she will not stay in bed. We try to tie her door shut but she simply breaks the string and tears open the door. The other residents are scared of her. What can I do?

PILLS MAKE ME SICK

An 87 year old lady refused to take her pills this morning. She said she 'felt good' and that if she took her pills she would get sick. I explained to her that she felt good because of her medication, but she wouldn't listen. Because of her poor physical health, I believe she needs her pills, and I am concerned when she doesn't take them.

SHE WON'T LISTEN

A resident who is very depressed uses obscene language and accuses everyone of mistreating her. No one can reason with her.

I LIKE TO YELL

This lady just yells and yells and it becomes very difficult to try and find out what is wrong. No matter what I do she just keeps on yelling. It is so frustrating when I don't know what is wrong or what I can do for her.

HOT AND CRANKY

Around 12:25 a.m. a resident came to the top of the stairs and began yelling for the nurse's aide or attendants on duty. She wanted someone to remove her thermal blanket because she was too hot. I removed it but she still continued to talk rather loudly. I tried to get her to lower her voice but she wouldn't until she finally got back into bed.

THAT HURTS

A lady resident on a special program can stay in bed until 9:30 a.m. At that time, my partner and I sit her up for breakfast and bring in her breakfast tray. During this period she scratches, pinches and strikes out at us. We can't do that to her to demonstrate how much it hurts because she has very thin skin. Although I keep telling her that it hurts, she keeps on doing it.

TREATS FOR THE SWEET

This is a problem I frequently encounter with several residents. One lady, for example, usually goes to the corner store once a day and brings back a drink and a package of candy for me. Although I appreciate the fact that she thinks of me, I feel she shouldn't waste her money on me.

I have told this lady that she doesn't have to bring me treats, but she insists and gives them to me almost every shift I am working. I gratefully accept her gifts and would find them acceptable if they were occasional. However, I feel as if I owe treats or favours in return, which may be seen as favouritism by the staff and other residents. I wonder how I can best handle this situation?

WHERE IS MY DESSERT?

This resident came down stairs early this morning with a chip on her shoulder. She was angry at everyone, including the workers on duty. After some questioning, I found out that the resident claimed she did not get her ice cream dessert at supper the previous evening. Obviously this resident had been pouting about this incident all night.

The morning staff usually has no idea of what happens during the evening shift, although we do know that this resident will tend to leave the supper table before dessert is served to have a cigarette. Since this resident tends to live for cigarettes, this was most likely the reason for the missing dessert.

WHAT IS ALL THE FUSS ABOUT?

Four of my residents live together in one room. All are either ex-mental patients or mentally slow. One resident rises at 4 a.m. every day, turns on the lights and bangs his dresser drawers until he gets dressed. Then he goes downstairs to the smoke room for a smoke, after which he comes back upstairs to hang around.

The residents complain that this behavior disturbs their sleep, and the night staff have been unable to persuade him to be more considerate. I tried to talk to this resident today about his problem but he just said that that was the time he gets up. Then he just shrugged his shoulders and walked away. What course of action would correct this problem?

NO BED FOR ME

This elderly lady was very hyper today. When we prepared her for bed, she refused to stay in it. COnsequently, we kept her in her wheelchair, but she then pulled off all her nightclothes and refused to put them back on.

I AM AN ANGEL ONLY SOME OF THE TIME

This resident, a senile 90 year old lady confined to a wheelchair, has manic depressive mood swings. She can be either a sweet angelic baby or a kicking, spitting, scratching demon within the space of a minute. This can happen during medical treatments or at mealtimes, where she will throw her food and utensils at other people.

This all becomes rather frustrating because her medical treatments cannot be completed until her tantrums subside. During the mealtime episodes no one dares to approach her until she has calmed down. Sometimes I am successful in dealing with her and sometimes I am not.

I AM NOT GOING TO DO IT

A resident was asked to get undressed and put on his night gown. He went to his room and put his night gown on over his shirt, still wearing his soiled underwear. He became violent when asked to change and refused to get undressed. He rejected any help offered and was ready to strike out at any staff member who came near him.

DESPARATE FOR CIGARETTES

This resident has been a mental patient and has a metal plate in the back of her head. Although she is on a very controlled smoking plan, she is always trying to pry extra cigarettes from us. When we refuse to give her any, she gets and and tells lies about us to our boss to get even. Today she was arguing with anyone and everyone. When I reprimanded her she swore at me, went upstairs and slammed her door as hard as she could. How am I to reprimand her without getting her so upset?

SEVENTY GOING ON FIVE

One of our residents, in his seventies, is mentally about age five. He has recently been checked for cancer which involved many trips to the doctor, lab and X-ray. He loved the attention, but now that these trips have decreased in number, has has become sully in his dealings with other. He frequently pouts, argues with the other residents, and refuses to participate in activities that he formerly enjoyed.

He frequently walks around with his head lowered and lower lip sticking out. Is this behavior one that I should correct as I would a five year old? Or is this a manifestation of his worry about the possibility of cancer? I hesitate to talk to him about his feelings as, in past experiences with this gentleman, talking about his problems has only made the behavior worse.

BATH TIME ISN'T FUN

A personal care home patient is verbally abusive physically aggressive, and very rude and demanding during bathing. He is often spiteful, usually attempting to injure himself and blame the staff. When he is reprimanded, he becomes very apologetic and promises to behave in the future. However, his old behavior continues quite frequently.

COMBAT

This 94 year old lady is known for her combative reaction to the nursing care which is provided for her. Unbelievable as it may seem, on some occasions she has caused physical injury to some of the staff. She can also be very verbally abusive.

BAD BREATH

While I was serving lunch to the residents as part of my job as a kitchen aide, I encountered a resident with extremely bad breath. Later in the day, during some social contact with this person, I was able to bring the conversation around to the concern for proper dental care. The resident explained to me that he never brushed his teeth since his gums bled all the time. I have not had the opportunity to pursue this problem any further.

POLLY THE PARROT

This lady gets annoyed with other residents who talk a great deal, whether they are talking to her or not. When she thinks they are talking too much she makes fun of them by mimicing their speech. Occasionally she hurts the other residents with her cutting remarks. I try to stop her before a verbal fight occurs, but I am not always successful. I tell her that it is not ladylike to complain or mimic other people, but that doesn't always work.

JEKYLL AND HYDE

A psychotic female resident has wild mood swings which make her difficult to handle. Sometimes she is very pleasant and loving but at other times she flies into wild violent rages.

Once when we tried to bath her she began to scream, scratch, pull hair, pinch and bite. Fortunately, she doesn't have any teeth for biting. Sometimes it's difficult not to get angry and lose patience in response to this type of behavior. I must remember that this resident is like a tiny child who doesn't know any better.

JEALOUS FRIENDS

Two residents seem to be extremely jealous of one another. They both compete for my attention and I am forced to be constantly on guard so as not to favour one over the other. Conversation can be lighthearted or serious and they still vie for my time. This equal time sharing is sometimes difficult to sustain.

I WON'T GO BACK TO BED

This lady has a habit of coming downstairsin the middle of the night and disturbing the rest of the residents. She is usually in a bad mood and still half asleep, and I'm not sure if she just has a bad habit or a more serious mental health problem.

The real concern is that she sometimes refuses to go back to bed unless she gets a cigarette. Since she is on a reduced cigarette intake, she is not allowed any extra cigarettes at night. When I refuse her request, she becomes very bad tempered and slams a few doors before going back to bed.

I need to know how to stop her night time ramblings before they start or, at the very least, how to get her back to bed quietly without the forbidded cigarette.

NO WAY, JOSÉ

This resident is not physically or mentally alert and needs total care. Her husband shares a room with her and manages to do things for himself quite well. However, he is still sexually active and she wants no part of his actions. One day I found her hitting and swearing at him.

MISCELLANEOUS

One of the residents is a Ukrainian lady with senile dementia, She doesn't speak very much English and talks Ukrainian all the time. She won't eat at times. She doesn't drink enough fluids and it's just hard to get across to her. Also, she's blind and she is very frightened all the time and it's hard to talk to her. She doesn't like getting washed. She screams. The problem that I find difficult, is not understanding her and can't speak her language.

This Scottish lady is a quiet person, but easily upset if resident close by is noisy. Loves her old country music as she likes to sing. Likes conversation on a one to one basis, especially with staff as most residents don't speak English. Therefore she has very few to converse with. Gets depressed and lonely. Likes to participate in some activities.

My problem here, is she has gone into a shell unless staff talk and sing with her.

Elderly female resident is very confused in the evening and during the night. She hallucinates and states a man comes into her room through the floor, blows up her bed and continually harasses her about being French. Her hallucinations are very real to her--she seems terrified and needs much reassurance but this reassurance does not seem to help. The night nurse's aid has tried distracting her, focusing attention on herself such as her job responsibilities and personal problems. Was this the right course?

Resident is depressed. Refuses to co-operate most of the time when working with her. She will speak French only, although she speaks very good English. She tells you that if she can speak English then you should speak French. As a result of this sometimes you just have to put her to bed.

She can stand very well but when she becomes difficult she won't stand at all. Then her mood can change very fast and she becomes pleasant to work with and will speak English. Sometimes the only way I've handled her is to just simply walk out of the room and come back later.

I was handing out medications and one lady didn't want to take her pills. This situation also had a language barrier (German). When I finally understood I waited and mixed it in with her food. Not knowing she took her meds. She must have her medication and this is the only other way but I feel very sneeky and underhanded doing it in this fashion.

Today I was in a resident's room, he motion's that he wants help. I asked him what it is he wants. He tells me in German. I tell him that I can't understand and for him to speak English. He speaks again in German. My problem is how do I get him to speak English when I know that he can.

One of our Ukrainian ladies speaks very little English and it's very hard to understand what she likes and dislikes. So we get our messages second-hand through the floor girls that understand her language. She gets very upset with us when we can't understand her.

We have a resident who is French but can speak good English. When she is in a bad mood she scolds in French. Lately she has been speaking French three quarters of the time. The nurses and aids do not understand her and most of the time don't know what she needs. She repeats and repeats and gets very frustrated and scolds some more.

A resident of our home is totally paralyzed from the waist down. Although she can move her hands, she seldom does. This certain resident can speak, but she only speaks German and very sparingly at that. I, myself, can not speak German. This resident is often seen and heard crying. As I can not understand her, this frustrates me, also not many of the workers at the home can speak German. This woman does not usually tell you why she's crying even if you could understand her. We try to make her as comfortable as possible, but even this does not usually work. Therefore, it makes you feel as though you are not doing enough.

Some of the meals we serve are not liked by the residents. We ask to substitute for something different and try hard to please. One lady resident of Dutch/German background said she doesn't like certain foods on the menu. But also didn't like what we offered her. She will eat the food with an awful lot of complaining. I would like to be able to give her things she likes. How do you get around this?

One Ukrainian lady was trying to tell me something but she could not speak any English. I find this frustrating and I'm sure she did also. There was no one around to interpret at the time. After asking, shrugging shoulders, and sign language we finally had some communication. Her request was finally carried out. I wish I new the language and I am slowly catching a few words.

We have an 82 year old German lady (a mild diabetic treated with diet) who is quite obese, sometimes difficult to handle as she is stooped over and tends to hang on to staff and pull on them.

She does as little as possible for herself, complains frequently (is quite whiney).

Communication is a problem as she speaks no English. She often gets frustrated with staff not being able to understand what she is trying to tell us. It bothers me not being able to know what she wants.

One of the residents was extremely upset today. She is Ukrainian and speaks little English and when agitated has even more trouble expressing herself. Her husband is still out in the community and she may feel let down because of this.

When taking a 99 year old gentleman his h.s. sedation, I found him sitting behind his door peeking around it. He was there because he was sure two men were coming to kill him. He is extremely deaf and although he understands English he is more fluent in French. I speak only English and find him very difficult to communicate with. No amount of reassurance that he was not going to be killed would convince him otherwise. He was put to bed several times, but he made several trips to the Nursing desk. Reassurance that the front door was locked and he was not going to be killed were given each time as there weren't any men in the building. Finally settled at 3:00 a.m.

One of our residents usually has to have her whole bed changed as soon as we come on duty, and she is usually less than co-operative. She has a paralyzed arm and she doesn't want anyone to touch it. She also gets very abusive. She insists we don't talk to her unless we speak in Ukrainian, but she speaks English quite well.

Tonight's problem deals with a Ukrainian resident who finds it very hard to communicate with us in English. She has a very quick temper, and sometimes will throw things at you, or if you are near her, she will punch or kick you.

She likes to hoard towels, face-cloths, and cups in her room. She gets really hostile when you remove them from her room. She also is quite hostile to the nurse when she comes to do her treatment. Sometimes you can hear her shouting all over the place.

The problem I encountered today was a language barrier. An elderly gentlemen appeared very disturbed, he was following me around, and talking in Ukrainian which I don't understand. He appeared to be half crying and was very upset. Fortunately a staff member that understood the language came along and we determined he had misplaced his wallet. The wallet was located and he was relieved and happy. The language barrier can be very frustrating to the elderly and is often a problem.

There is an elderly resident that speaks very little English--mainly another language. When he wants something really badly, I try to communicate with him verbally and by hand motions to see what he wants. You can show him food, etc. or maybe take him to the washroom. After doing several things to try and please him after a certain length of time it gets confusing as to what I am supposed to do because this man still seems to want something.

This resident is a female. She has been in this home for quite some time. Prior to that she was in the Mental Hospital.

She is a very large lady; very high strung in personality and stubborn. She refuses to speak English most of the time (native language Ukrainian) and will also thrash out at you. This lady does frighten me.

One of our residents, although she has lived in Canada for many years, does not speak English. She has had psychotic problems also for many years and is on appropriate medication. There are only two people in our facilities who speak French and they are employed in other departments. Today this resident felt afraid and was extremely agitated. By employing the aid of one of our French speaking staff members we learned that this resident felt that the lady she saw in her mirror was watching her--spying on her. With most of our staff having little understanding of the French language I feel that we are not meeting all of the needs of this lady.

Have not been able to understand the language of the person whom I am working with. If she is sick she tells me in her own language not in English, which makes it hard for me to get help for her.

This morning we went to dress a lady and she wouldn't let us near her because we couldn't speak her language. She only wanted someone Ukrainian to tend to her needs.

A 77 year old women with the diagnosis of senility was crying in her room at bedtime. The problem that occurred was another person had told her to do something and then walked away. She understands only French (very little English) and she did not know what the other person said--what she had done wrong etc. Seems to settle well when it was explained better.

This particular resident despises his bath. It could be from lack of understanding, fear or other causes. It was time for his bath and I brought him into the century tub without much difficulty. I started undressing him, explaining step by step as I went along. I was half done when he blew up, started swinging his arms, and yelling, "Shut up! Get out!" I let him finish his episode. He has a very short memory, and you can carry on with him afterwards as if nothing happened. I did that.

I proceeded to give him his bath. Again he yelled, swung a wet facecloth and splashed me. The nurse in charge came in to help. She speaks Ukrainian fluently and was able to calm him down. He would reply to the nurse in angry tones at times, but all in all, we did very well. I think there was a language barrier in this case.

Elderly gentleman refused to change his wet clothes and simply preferred to lie in his wet bed. I asked him to change into a nightshirt. His response was "I can't. It's too hard." He claimed I was cruel to force him to remove his wet clothes. I left the room and he removed his shirt and pants without assitance. When I returned he was lying in bed with his nightshirt on. I reminded him that he had to remove his wet undershirt and undershorts. He said he couldn't. Again I encouraged him to remove the clothes. I told him that I couldn't. Both of us were persistant and he eventually removed the clothes. I helped him do up the snaps on the nightshirt. When he had completed the task I asked him how he felt about himself. He was proud of himself but it was hard work. Resident has had violent outbursts towards other residents. He becomes discouraged easily--poor self worth. The gent speaks German and might respond better if he was spoken to in his home language. He can walk across the hall from his room to the bathroom but he takes short calculated steps. He is able to stand up to remove his clothes if his wheelchair is locked in front of him. He transfers himself from his bed to his chair.

I make a point of initiating one to one interaction with some patients three to five times a week for ten to fifteen minutes. One Ukrainian lady I see has become very depressed and wishes to die.

She has Parkinson's disease which prevents independence in feeding and self-care. She has had a stroke which has left her with a paralysis of the left side and she is diabetic.

She remembers her childhood and adult life and cannot enjoy the present. She says, "I'm old and sick. No good for nothing ugly old baba."

I try to steer her in different conversational directions, but I'm running out of ideas.

One of our residents is of German background. This elderly lady speaks clearly but is very deaf. She frequently lives in the past--when her children were little and the country she lived in was in severe political unrest. There is no way to reason with her--she cannot hear!

This evening she insisted she must go outdoors to find two young children. How can we reassure her, bring her to a more restful reality? How far can we let her wander by herself? When is forceful restraint justified?

A male resident who has arthritis is very depressed. He is very withdrawn and hardly associates with the other residents. He stays in his room all day, just comes out for meals. If he's in pain he won't tell you exactly where his pain is even though he can talk English (native language Ukrainian), he's just stubborn. He's been a bachelor all his life, so I realize that he's been by himself all of his life but he should try to associate with the residents and staff. I find it very hard to talk to him.

One of the German ladies in our home is deaf and mute. She doesn't know sign language very well, so it's hard to communicate with her. She is often very agitated and angry. Today she was so furious when I wanted to get her to bed that I had to get help. She started hitting and kicking so much that we could hardly get close to her. When we were undressing her she started biting.

Later on she started banging her door and pounding her fists against the wall so hard that the other residents couldn't sleep and got upset because of her.

She has times when she is getting to be dangerous to fellow staff and residents of the home. I am not sure what is best to do in a situation like this.

I have a Ukrainian lady in the lodge. This lady does not like to do crafts, only baking, peeling vegetables, and making perogies. This she would do on a one to one basis only. She didn't like others helping or watching.

I went along with this one to one basis with the perogies which she did for a while. Then she started to feel that all the profits (if perogies sold) went to me. I couldn't make her understand that the profits would go towards the lodge. Also, that doing these duties was more like normal living in her home; that she wasn't working for me, but helping herself.

One 86 year old female (Ukrainian background) is very demanding. She refuses to do anything for herself except eat. When she does not want to understand something, she states, "Do not understand!" Also, she totally ignores you if you try to say something else.

Today I met with the husband of the lady described in yesterday's note. He finds himself at 76 years of age, isolated from his family, abandoned by his wife, and virtually without friends in a community still quite foreign to him.

He is lonely, depressed and worried about his future. He also suffers from leukemia which is in remission. He is beginning the process of a legal marital separation in a legal process that he does not understand as his native language is Ukrainian.

A French resident whom I was looking after got very agitated today. She was trying to tell me something and nothing would come out right. The more she tried the worse it got, and it was very hard trying to guess what she was saying.

I spoke to a 90 year old English lady who was in our Ukrainian Nursing Home for many years. She said she never felt happy here because everyone of the residents speaks Ukrainian and she can't communicate. She became isolated and very depressed. She cries a lot. She said she would have liked to have an English speaking woman of her age, then she would be happy. Now, she said, "it's too late and I want to die." I felt very sorry for her. She was right about what she said and felt.

One resident who speaks only French causes trouble with other French speaking residents. She has caused so much trouble she has to sit alone at a table. She seems to be especially nasty at meal time if there is someone at her table. It is very difficult to communicate with her, to let her know she should not act this way. Most of the time she is a very pleasant person (when she can sit at the table alone).

Mr. D. (82) had a stroke several years ago leaving his left side paralyzed and his speech very slurred and almost impossible to understand. This frustrates him, and also makes it very difficult to know what he wants, or what he is feeling. He understands only German, and for those who do not speak German it is especially difficult, it must be, because I speak German and yet I find it extremely difficult to help him at times. He is a very loving man, and responds very readily to affection, so I would like very much to ease his frustrations, and make life a little more pleasant for him. How can this be done?

Another problem we have had with some of the residents is a language barrier problem. So many of our residents speak no English and I find it hard to communicate with some of them. You can usually catch the drift of what they want but it is very hard to have a conversation with them.

Through the "outreach" program I came in contact with an 88 year old woman who had been mugged several months before. She had lost all her I.D. in the incident. She was also having a problem with her pension cheques not arriving with the correct amount inscribed. In trying to correct the pension problem it became evident that the son did not want his mother to know exactly how much she had received. He also did not want her cheques to be automatically deposited in the bank.

When the woman tried to get help, she was unable to get assistance from anyone who could speak her language (Ukrainian). She then went to the Parliament Building where she was left waiting for six hours and overheard herself being described as crazy.

This woman has become very bitter towards bureaucracy. She therefore relies heavily on her son who is also a pensioner. It becomes very frustrating when trying to tell her that all people are not like that. She now relies heavily on people whom she knows and trusts to help her. She also refuses to listen to any suggestions that other people or services might be able to help her better.

This certain resident is quite difficult to understand at all times, as his only form of communication can only be said to be gibberish. It is a mixture of Ukrainian/German/English, but he makes no definite words. It's more whimpers and whines. This resident often stands in the middle of our hallways "whimpering" and catching your hand. Obviously he wants your attention and needs something, but what?! You can take him to the bathroom, give him a drink or food, but beyond this you just can not tell what's bothering him. This is very frustrating.

This gentleman is very hostile, even becoming abusive to staff. What happened is this gentleman was taken from his ethnic German background and put into a French Canadian atmosphere which he seems to abhor. How do I make life easier for him so that he will let us help him without being abusive verbally and physically?

The home we're working for is French-Canadian. Mostly all our residents are French but the few that are English get very frustrated because of the language. It's difficult to them when they don't understand anything that goes on. The parents are told when a citizen enters this home, but sometimes the family knows the environment and wishes their elderly be placed amoung them. Although there's nothing we can do to improve the situation because when we're hired we are told it's mainly French. So we keep the rules of the home but the resident has to live with it too.

Native client on Home Programme moved to Thompson 3-4 months ago to live with son. Is from a northern reservation. Is very unmotivated for any A.D.L., stays in bed most of the time. Refuses to eat or drink at times which causes medical problems.

According to family doctor, client has had a curse put on her at sometime and this has a lot to do with her lack of motivation.

Family is very supportive and concerned.

This lady's problems are mental confusion and depression. One thing is her mood swings and; she will not participate in any activities; sleeps most of the day; eats poorly; likes to socialize with staff. She talks a great deal of the old country (Ireland), and hopes to go back there some day.

When I tell her she is in her eighties, and how hard it would be for her to go back and start all over again, and that things are not the same as when she left, this seems to anger her.

My problem here is how to handle this lady when she is upset.

One of our residents is of French descent, but can speak and understand English well. She frequently refuses to speak English, chattering away in French knowing very well few of the staff understand her. She dislikes to take medications of which she receives many to control pain and agitation and to assist her in moving her bowels. She often refuses to take her pills, giving her reasons for refusal in French. I am unable to reason with her or persuade her to speak English. This is frustrating as the communication barrier is so unnecessary and I know how important it is for her to receive these medications.

The problem with this gentleman is a language barrier. He is French and it is hard to make out what he wants. However, when working with him he helps a lot if you show him you do want to help him.

A very tiny lady who is in her 90's will often refuse to take her medications. She has a rare neurological disorder that can cause severe facial pain to her when she doesn't take her medication twice a day. She is Ukrainian and understands very little English. It appears occassionally that she understands only what she wishes to understand (selective hearing). Because of this language barrier it can be very difficult to convince her to take the medications. It is difficult to assess why she won't take her medications. Sometimes, she will say "it's too many pills." She informed one of our nurses that the pills were poison. Delusional? Hard to know what she is thinking. We utilize staff who can speak her language or occassionally ask other Ukrainian residents to explain why she must take her medications. This is not always effective.

TITLES OF THE TRAINING PROJECT'S MODULES

Block A: Basic Knowledge of Aging Process

A.1 Program Planning for Older Adults
A.2 Stereotypes of Aging
A.3 Human Development Aspects of Aging
A.4 Social Aspects of Aging
A.5 Physiological Aspects of Aging
A.6 Death and Bereavement
A.7 Psychological Aspects of Aging
A.8 Confusion and the Older Adult
A.9 Nutrition and the Older Adult
A.10 Listening and the Older Adult

Block B: Cultural Gerontology

B.1 Ukrainian Culture
B.1.1 Communication and Adjustment
B.1.2 Communication and Adjustment

B.2 German Culture
B.2.1 Communication and Adjustment

B.3 French Culture
B.3.1 Communication and Adjustment

B.4 Native Culture
B.4.1 Communication and Adjustment
B.4.2 Communication and Adjustment

Block C: Work Environment

C.1 Work Environment I

Note: MOST MODULE'S ARE AVAILABLE IN TWO FORMATS:

a) Print Format

OR

b) Interactive Video (Computer Assisted Television) Format

Resource Materials:

Handbook of Selected Case Studies
User's Guide